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Rehabilitation Literature is intended for use by professional personnel and students in all disciplines concerned with rehabilitation of the handicapped. It is dedicated to the advancement of knowledge and skills and to the encouragement of co-operative efforts by professional members of the rehabilitation team. Goals are to promote communication among workers and to alert each to the literature on development and progress both in his own area of responsibility and in related areas.

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As a reviewing and abstracting journal, *Rehabilitation Literature* identifies and describes current books, pamphlets, and periodical articles pertaining to the care, welfare, education, and employment of handicapped children and adults. The selection of publications listed and their contents as reported is for record and reference only and does not constitute an endorsement or advocacy of use by the National Society for Crippled Children and Adults.

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Books for review and correspondence relating to feature articles and other editorial matters should be addressed to the editor. He will welcome your suggestions.

REHABILITATION LITERATURE

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REHABILITATION LITERATURE

Article of the Month

Rehabilitation and International Understanding

Donald V. Wilson

About the Author . . .

Mr. Donald V. Wilson, LL.B., M.A., LL.D., has served as Secretary-General of the International Society for the Welfare of Cripples since 1949. He also is Chairman of the Conference of World Organizations Interested in the Handicapped; Secretary of the International Federation of Social Workers; Chairman of the Committee on International Social Welfare of the National Association of Social Workers (U.S.A.); and a member of the International Advisory Committee on Scouting with the Handicapped, Boy Scouts International. Prior to his present post Mr. Wilson was Dean of the School of Applied Social Sciences, Western Reserve University. During the Japanese occupation, he was Social Welfare Officer, Public Health Section, SCAP, and chief, Social Work Training and Education Branch. He received his honorary Doctor of Laws degree from Muskingum College in 1956 and the Goodwill Award for 1956, conferred by the Goodwill Industries of America for outstanding service to handicapped people. In 1958, he was awarded a Citation for Meritorious Service by the President's Committee on Employment of the Physically Handicapped.

This original article was written especially for Rehabilitation Literature.

REHABILITATION AND WORLD PEACE, the theme for the Eighth World Congress of the International Society for the Welfare of Cripples, to be held in New York City from August 28 to September 2, 1960, reflects not only the desire of the people of the world to remove the shadow of war from their lives, but also one of the ways through which this shadow can be dispelled.

The threat of war and the destruction of our accomplishments and our hopes for the future is a specter haunting the lives of people everywhere. This fear blights the efforts of many who feel that the chances are slight for the survival of our civilization; expenditure of effort to promote peace, therefore, seems useless. Some of us keep busy with our tasks of daily living, hoping that the threat of disaster will go away if we ignore it.

Those active in rehabilitation have an opportunity to relate their services for the handicapped to the total effort to bring about better understanding among the world's citizens. Such understanding is one essential to the achievement of world peace. By participating in the international rehabilitation programs of voluntary and governmental organizations, a person will find his own life more meaningful. Direct services to the handicapped in any country are usually provided by the local agency, governmental or voluntary. National organizations serve to assist the local agencies to improve and extend existing programs, whereas international agencies seek to establish more effective channels of communication among the various groups. These voluntary and governmental international bodies do not usually provide direct services to the handicapped but work with any group in any country interested in establishing and improving rehabilitation programs.

Communication is, therefore, of utmost importance. A better under-

standing of what is being attempted will help one to contribute more effectively to the international effort. The two means of communication now used most extensively are international meetings and written material. There is a definite relationship between the two media, meetings and publications, for much of the existing international literature consists of the printed proceedings of conferences and seminars held in various parts of the world.

World Congresses

International conferences, it has been said, have in the 20th century taken the place of the Crusades of the Middle Ages. There are many similarities between these two undertakings. Today, as they did then, people journey long distances with a high degree of dedication, a spirit of adventure, and the assurance that they are doing something much more worth while than merely "taking a trip." It is difficult for persons who have not attended one of these world meetings to appreciate their importance in the exchange of ideas and information, although the resulting improvement in technical skill is obvious. The meetings serve as forums dedicated to serving humanity without regard to the nationality, race, religion, or political identification of those attending. The increasing demand for such meetings to be held by voluntary (non-governmental) organizations is another indication of their current importance.

Since the Second World War, the International Society has held a world congress every three years; in Stockholm in 1951,[14] at The Hague in 1954,[13] and in London in 1957.[16] The Society's Sixth World Congress at The Hague in 1954 brought together 700 participants from 36 countries; the Seventh World Congress in London was attended by 1,200 persons from 53 countries. The programs of these world congresses are important to all persons interested in the handicapped, both lay and professional. Those participating include doctors, nurses, social workers, physical and occupational therapists, special education personnel, hospital and workshop administrators, employment counselors, brace and limb makers, prosthetics technicians, public health officials, and the disabled themselves.

Plans are now being developed for the Eighth World Congress to be held at the Waldorf-Astoria Hotel in New York City from August 28 to September 2, 1960. With the theme of "Rehabilitation and World Peace—Helping Disabled People; Basis for International Cooperation," this international congress sponsored by the International Society is the first to be held in the Western Hemisphere. It will certainly be an outstanding event in the development of rehabilitation programs in all the countries of North and South America. The 1,500 persons from outside the United States who are expected to attend the meetings will have an opportunity to become better acquainted with the rehabilitation programs of this country.

The Honorary Presidents for the Congress are President Dwight D. Eisenhower of the United States and the Right Honourable John G. Diefenbaker, Prime Minister of Canada. Other officers include Howard A. Rusk, President of the Congress; Orin Lehman, Treasurer; and Lawrence J. Linck, Chairman of the Congress Committee. Members of the Congress Committee include Henry H. Kessler and Leonard W. Mayo, Co-Chairmen of the Program Committee, Willis Gorthy; Melvin J. Maas; Dean W. Roberts; E. B. Whitten; Mary Switzer; and P. J. Trevethan.

Many national organizations have helped in planning the Congress, with the National Society for Crippled Children and Adults serving as the host organization. Other groups represented include the National Rehabilitation Association, The National Foundation, United Cerebral Palsy Associations, Sister Elizabeth Kenny Foundation, Goodwill Industries of America, Association for the Aid of Crippled Children, and the American Orthotics and Prosthetics Association. All these organizations carry

Special Announcement
August Issue to Be Eighth World Congress Issue

THE AUGUST ISSUE of *Rehabilitation Literature* has been planned for special distribution at the Eighth World Congress. *Life After Leprosy Through Rehabilitation,* by Dr. Paul W. Brand, F.R.C.S., will be the Article of the Month. Dr. Brand, a pioneer medical missionary, is director of the Hand Research Unit of the Christian Medical College and Hospital in Vellore, South India. Dr. Brand has been called one of the "giants" of this world, his medical and surgical skills equaled only by his spirituality and dedication to mankind. He will be a speaker at the Congress and will present an exhibit on leprosy rehabilitation. His article in *Rehabilitation Literature* will offer to the reader new insights into rehabilitation as well as current information on leprosy.

The book *Principles of Cleft Palate Prosthesis; Aspects in the Rehabilitation of the Cleft Palate Individual,* by Cloyd S. Harkins, D.D.S., will be the Review of the Month. Our reviewer is Mr. W. G. Holdsworth, F.R.C.S., of the Plastic Surgery Centre, Queen Mary's Hospital, London, and Consultant in Plastic Surgery to the South West Metropolitan Hospital Region. He is author of *Cleft Lip and Palate.*

out international programs to some degree and work co-operatively with similar groups in other countries with common problems and programs.

The program for the Congress includes meetings of various expert groups operating as part of the total program of the International Society, among them the World Commission on Cerebral Palsy and the International Committee on Prostheses, Braces, and Technical Aids. An International Seminar on Special Education will be held from August 25 to 27 immediately prior to the World Congress.

First International Rehabilitation Conference

"Rehabilitation of the disabled is a comparatively new field of work, and the science of it is of but recent development." These words were written 40 years ago. In 1919, the countries that had just come through a war more devastating than any previously experienced realized they owed something to the men who became disabled while defending those countries.

Thus, the First International Conference on Rehabilitation was held at the Waldorf-Astoria in New York City in March, 1919, under the auspices of the Red Cross Institute for Crippled and Disabled Men (now Institute for the Crippled and Disabled), the Red Cross Institute for the Blind, the Federal Board for Vocational Education, and the Surgeon General of the United States Army. The Allied Nations, who had begun their projects earlier in the war, sent their leading rehabilitation authorities to report their experiences in organizing and conducting physical reconstruction programs for disabled soldiers. This historical first international rehabilitation conference was a forum for exchange of information on the problems faced and the methods of solving them.

The French government, realizing that pensions and hospital care alone were not enough, led the rehabilitation movement by planning for the future of its soldiers as early as August, 1914. Schools where disabled veterans could be re-educated in their former occupations or taught new ones were established by both governmental and private means. Representatives of Italy, Belgium, Great Britain, and Canada stressed that the primary considerations were to help men resume their old occupations, wherever possible, and become self-supporting.

After covering the experiences of Allied countries in organizing national rehabilitation activities, consideration was given to American programs for physical reconstruction, compensation, and vocational rehabilitation. The roles of organized labor and of governmental departments supervising education and employment of disabled servicemen were demonstrated. Functional restoration, occupational therapy, and recreation, including selection and training of staff to carry out these phases of rehabilitation were covered. Other subjects considered were provision of artificial limbs and other aids to the crippled, employment opportunities in industry, attitudes of labor unions and management, education of the public in its attitude toward the disabled, and the work of social groups in dealing with the problems of the disabled. In the conference program the disabilities given special discussion periods were blindness, deafness, tuberculosis, and childhood crippling.

The conference closed with a great mass meeting at New York's Hippodrome, at which veterans were the honored guests. Under "Talks and Demonstrations" the program listed: "How to Get Along Without Arms" and "How to Dance the 'Buck and Wing' with Artificial Legs," followed by such songs as "The Rose of No-Man's Land" and "Then You'll Know You're Home." Miss Johanna L. Olschewsky, present Librarian of the Institute for the Crippled and Disabled in New York City, was one of the persons active in organizing and carrying out this First Rehabilitation Conference.

Other International Conferences

Many meetings are being held constantly throughout the world that bring together people from different countries to consider one or all phases of rehabilitation. For example, the World Federation of Occupational Therapists has held two congresses, in 1954[39] and in 1958;[37] their third will be held in Philadelphia in 1962. The Third Congress of the World Confederation for Physical Therapy took place in Paris in September, 1959, the first and second having been held in 1953[34] and 1956.[35] The World Council for the Welfare of the Blind met in Rome in July, and the World Federation for the Deaf in Wiesbaden, Germany, in August, 1959.

A Latin American Rehabilitation Seminar in June and July, 1959, in Copenhagen brought together 26 people from 16 countries of Latin America. This seminar was held under the auspices of the United Nations and the government of Denmark, in co-operation with several other organizations, including the International Society for the Welfare of Cripples and its affiliate in Denmark, The Society and Home for Cripples.

The International Society and its member organizations sponsored a Seminar on Sheltered Employment in The Hague in September, 1959.[2, 19] People from 20 countries attended the Society's Second International Course in Prosthetics in Copenhagen in August, 1959. The third such course under the auspices of the International Society will be held in New York in August, 1960.

The International Poliomyelitis Conference holds meetings every three years, beginning in New York in 1948,[8] and continuing in Copenhagen in 1951,[9] Geneva in 1954,[10] and Rome in 1957.[11] In 1960, this group will sponsor two meetings in Europe, an International Conference on Congenital Malformations in London from July 18 to 22 and an International Conference on Poliomyelitis in Copenhagen.

The International Conference of Social Work meets once every two years: New York, 1948; Paris, 1950; Madras, 1952; Toronto, 1954; Munich, 1956; Tokyo, 1958. A study group that considers some aspect of the rehabilitation of the handicapped is a part of the conference program. At the Tokyo conference some 60 persons considered the subject "The Team Approach in Rehabilitation of the Handicapped." At the Ninth International Conference of Social Work to be held in Rome from January 8 to 14, 1961, the topic for the study group will be "The Place of Social Work in Services for the Handicapped." These study sessions are organized by the International Society for the Welfare of Cripples.

The Fourth Latin American Conference on Orthopedics and Traumatology was held in Santiago, Chile, in December, 1959, followed by a national conference on rehabilitation in Buenos Aires, Argentina, to which a number of people from other countries were invited.

Only a few of the many international meetings of interest to people in the rehabilitation field have been mentioned, but this listing will give some idea of the total activities. National meetings such as the one in Argentina also serve the international exchange of information. The increase in number of international conferences dealing with various phases of rehabilitation reflects a greater concern for physically handicapped children and adults in all parts of the world. All these meetings provide means for developing technical skills, and undoubtedly a more important result is the establishment of personal relations among individuals of various countries with different religions, races, and political systems.

Related Meetings

In addition to the World Congress of the International Society a number of other international meetings to be held in the United States in 1960 will interest persons in the rehabilitation field. The Third International Congress of Physical Medicine takes place in Washington from August 21 to 26. The International Society of Orthopedics and Traumatology will meet in New York City from September 4 to 10. The National Assembly of the American Orthotics and Prosthetics Association, in New York from September 2 to 6, will be international in scope.

New York City is also the site of the Thirteenth International Congress on Occupational Health from July 25 to 29. The Fifth International Congress on Gerontology will convene in San Francisco from August 7 to 14.

Co-ordination

The Council of International Organizations of Medical Science (CIOMS) with headquarters in Paris was established several years ago with the support of the World Health Organization (WHO) and United Nations Educational, Scientific, and Cultural Organization (UNESCO), to bring about co-ordination of the many international meetings. The Council issues publications that are of particular value to organizers of international meetings in the medical field, including a comprehensive calendar of future meetings. The Union of International Associations, Brussels, has for many years through its publications served to keep international organizations, both voluntary and governmental, informed about the work being done by all such groups. This co-ordination enables those attending to participate in other related meetings. Even national bodies take advantage in arranging their conferences to permit attendance at an international meeting.

The Conference of World Organizations Interested in the Handicapped (CWOIH) has a membership of over 30 international agencies particularly interested in services for the handicapped.* Representatives of the United Nations, World Health Organization, United Nations International Children's Emergency Fund (UNICEF), and the International Labour Organization (ILO) participate in the work of the Conference. The Conference has published a *Compendium on the Activities of World Organizations Interested in the Handicapped.*[5]

Regional Meetings

In addition to world congresses, the International Society also holds regional meetings from time to time. The Fourth Inter-American Conference on Rehabilitation was held in San Juan, Puerto Rico, in May, 1959.

The First Pan-Pacific Conference on Rehabilitation in Sydney, Australia, November, 1958,[23] was attended by over 800 persons from 17 countries. The Second Pan-Pacific Conference will take place in Manila, The Philippines, in December, 1962, under the auspices of the International Society and the Philippine Foundation for the Welfare of the Crippled.

The First Mediterranean Conference on Rehabilitation was held in Athens, Greece, in June, 1959, under the sponsorship of the International Society, the Hellenic Society for Crippled Children, and other rehabilitation organizations in Greece.

Such regional meetings held periodically in different parts of the world enable persons from these regions to participate and learn about rehabilitation services in neighboring countries. Many of these people cannot attend world meetings because of lack of time and money.

Rehabilitation Literature

Our understanding of other people is still largely the result of what we have read about them. In recent years an effort has been made to use media other than the written word, including international radio programs, films, both popular entertainment and documentary, and

*For a list of members, see *Rehab. Lit.*, March, 1959, p. 66.

in many cases photographs. The importance of all these communicatory media—radio, television, films, photographs, and travel—are not to be minimized, but at the same time the importance of the written word is to be emphasized.

To understand the rehabilitation programs of another country is to understand the people of that country. Religious and cultural attitudes of nations are indicated by their attitudes toward handicapped children and adults. What services they can provide indicate how they can put their principles into operation.

The international exchange of information through the distribution of publications needs further study and thought. Not only can technical knowledge be acquired, but also, more important, an understanding of the way of life of other peoples. We also have a responsibility and opportunity to share our own experiences, problems, and knowledge through the distribution of carefully written reports. Many countries spend large sums of money to maintain "information services" to bring about a better understanding of their point of view in world affairs. By making information about what it is doing for its handicapped readily available to other countries, a nation can make propaganda of the best type.

In addition to the need for better information about local, national, and international programs, there is a demand for literature written from the international viewpoint. The principles of rehabilitation need to be set forth again and again, in such a style that they are readily understood in all parts of the world and have a universal appeal rather than a provincial one. A universal code of principles for the handicapped was adopted by the Conference of World Organizations Interested in the Handicapped several years ago. Such a code must be regarded as a living and growing document that needs to be revised from time to time to incorporate current thinking.

Exchange of Publications

What is needed particularly in the field of rehabilitation literature is the wider exchange of *existing* literature —the primary problem is distribution rather than production. We need more people who will take the time to write and publish descriptions of local and national programs in concise and easily read language. Accordingly, we need more people in all parts of the world who are interested enough in their work in rehabilitation to read the existing material and to attempt to understand and apply the additional knowledge to their work. Material must be translated into many more languages, the ideas rewritten and adapted to the region in which the literature will be distributed.

The International Society has for many years conducted a program for the international exchange of publications. Publications and reprints are secured from organizations and individual experts in all parts of the world and distributed regularly to member organizations. The Society itself issues publications reporting on international developments.*

The International Society has maintained the International Rehabilitation Film Library[15] for many years, providing on an international basis films for 20 countries dealing with various aspects of services for the handicapped. To make small basic libraries available throughout the world, the Society has established a Rehabilitation Bookshelf project.

Translations

Dissemination of information is frequently hampered by the fact that it does not appear in languages most easily read by many people. Some international organizations, such as the United Nations and World Health Organization, do issue many of their reports simultaneously in more than one language.

Some years ago the International Society, to meet the need of translating material, established a translation program with funds provided by the Gustavus and Louise Pfeiffer Foundation. In recent years, over 30 publications have been translated from English into other langauges, including French, Spanish, Flemish, Italian, and Portuguese *(for examples see bibliography)*. The translations program of the International Society has also included translations of rehabilitation literature into English from the French, German, and Swedish.

Translating more rehabilitation literature into English from other languages will bring about a better understanding in the United States, and in other English-speaking countries, of the programs of other countries. Translations must be a two-way street. It is hoped that in the future more publications can be made available simultaneously in more than one language.

United Nations and Specialized Agencies

Many international organizations in addition to the International Society have issued publications that have contributed to the rehabilitation field. The United Nations has published a number of very interesting and useful documents written from the international viewpoint.[28, 32] The United Nations also issues periodically in mimeographed form a summary of international activities in the rehabilitation field.

The World Health Organization has published in several languages a great deal of material of vital interest to rehabilitation personnel. Several committees have been convened by the WHO, and their reports are particularly valuable because they are concise, inexpensive, available in several languages, and reflect the best thinking of the

*See bibliography for references to publications marked by an asterisk (*), indicating those published by the International Society for the Welfare of Cripples or distributed by it. A complete checklist is available on request.

world's outstanding authorities in the various subjects considered. The appended bibliography lists a few of these.

The most important publication of the International Labour Organization in rehabilitation, entitled *Vocational Rehabilitation of the Disabled,* is Recommendation 99,[7] which was adopted unanimously in 1955 by the General Conference of the ILO. It is brief, consisting of only 42 paragraphs, but is undoubtedly the most succinct set of principles adopted in the field of vocational rehabilitation. It is available in English, French, and Spanish and should be read more widely and applied in all parts of the world.

The International Labour Review, published by the ILO, has contained some important articles including: "Vocational Rehabilitation of the Disabled in Poland" *(July, 1956)*; "Co-ordination of Rehabilitation Services in Canada" *(January, 1957)*; "The Legal Obligation to Employ the Disabled" *(March, 1957)*.

National Program Reports

There is an increasing amount of rehabilitation literature in various languages containing surveys and descriptions of services for the physically handicapped in the countries of the world. Such reports[6, 21, 24, 25, 26] will undoubtedly become more readily available as interest increases in international literature in the field. It is not possible or advisable to try to review here any substantial portion of this literature. A bibliography of such literature has been published from time to time.

With this amount of literature written from the international viewpoint and the larger number of national reports available, it is possible for any person in the world who can read English to secure a comprehensive knowledge of developments in rehabilitation.

Getting Understanding

"Wisdom is the principal thing; therefore get wisdom: and with all thy getting get understanding." *(Proverbs 4:7)*

It is obvious that greater wisdom is desperately needed to find a solution to the problems facing the world today. Such wisdom can be secured in a number of ways. Understanding can also be achieved if there exists the will and the desire to truly understand people who seem different.

The year 1960 presents us here in North America a unique opportunity to enable persons from other countries to secure a better understanding of the rehabilitation programs of the various countries. There will be many visitors to the United States and neighboring countries before, during, and after the various international meetings to be held later this year. These visitors will want to learn of the latest accomplishments. The concepts of rehabilitation programs were originally imported from other countries; they have been adapted and expanded. The United States has much to show, but it also has much to learn from other peoples of the world. This can be done through meeting the visitors to this country. And by reading and studying about the rehabilitation work in other places we can learn even more and be of even greater help to our colleagues and fellow workers in all parts of the world.

International activity in the field of rehabilitation is not going to bring about an immediate guarantee of world peace. The international programs do, however, offer an opportunity to all those in the field to participate in a truly great international endeavor. Each individual and each organization has an opportunity to participate in these world-wide programs.

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40. World Health Organization. *Amputees and prostheses; report of a conference on prosthetics, Copenhagen, 23-28 August, 1954.* Geneva, Switzerland, The Organization, 1955. 52 p. *(Tech. rep. ser. no. 100)*

41. ———. *Expert Committee on Medical Rehabilitation; first report.* Geneva, The Organization, 1958. 52 p. *(Tech. rep. ser. no. 158)*

42. ———. *Joint Expert Committee on the Physically Handicapped Child; first report.* Geneva, Switzerland, The Organization, 1952. 26 p. *(Tech. rep. ser. no. 58)*

43. ———. *The mentally subnormal child; report of a Joint Expert Committee convened by . . . with the participation of United Nations, ILO, and UNESCO.* Geneva, Switzerland, The Organization, 1954. 46 p. *(Tech. rep. ser. no. 75)*

44. World Veterans Federation. *Rehab. Bul.* Quarterly, The Federation, 16 rue Hamelin, Paris (16e), France.

The Child with a Handicap

Edited by Edgar E. Martmer, M.D.

Published by Charles C Thomas, Publisher, 301-327 E. Lawrence Ave., Springfield, Ill. 1959. 409 p. figs., tabs. $11.00.

Reviewed by Raymond R. Rembolt, M.D.

About the Editor . . .

Dr. Martmer is associate clinical professor of pediatrics, Wayne State University, College of Medicine, Detroit, where he obtained his medical degree in 1926. He is also chief, division of pediatrics, Harper Hospital; senior pediatrician, Children's Hospital of Michigan; and consultant in pediatrics for the East Side General Hospital, Crittenton General Hospital, Herman Kiefer Hospital, Receiving Hospital, St. John's Hospital, and Woman's Hospital, all of Detroit. He is a past president of the American Academy of Pediatrics.

About the Reviewer . . .

Dr. Rembolt received his M.D. degree in 1937 from the University of Nebraska; his clinical training dealt with pediatrics and cerebral palsy. After private clinical practice and service with the Navy during World War II, he joined the State University of Iowa in July of 1948, where he is presently executive director, State Services for Crippled Children; director, University Hospital-School for Severely Handicapped Children; and professor, Department of Pediatrics. He is a fellow of the American Academy of Pediatrics and of the American Academy for Cerebral Palsy, of which he is currently the president, and an associate member of the American Academy of Neurology.

THIS BOOK IS a collection of chapters written by 27 persons who are thoroughly familiar with the subjects about which they write. Selection of these authors for the various chapters was because their "past performance indicated an ability to focus *primarily on the child, secondly on the handicap.*" It was intended that through this work "members of many professional groups as well as lay readers will gain useful insight into the problems which confront the child with a handicap and his family." Specifically mentioned as persons who might gain insight from reading this book are physicians, students, parents, nurses, social workers, therapists, and anyone else who is interested in reaching greater understanding of the management of a child with a handicap.

The presented material divides itself into three sections. The first part considers the roles of the physician, parent, psychiatrist, social worker, adoption agency, and counselor in medical genetics. The second portion pertains to the child with a specific entity such as amputation, cerebral palsy, congenital heart defect, convulsive disorder, diabetes, emotional disturbance, familial dysautonomia, mongolism, progressive muscular dystrophy, nephrosis, poliomyelitis, cystic fibrosis, rheumatic fever, speech and hearing disorders, and various eye conditions. The third segment provides guides for discipline, parents, play materials, reading materials, health education, and community programs plus directories of camps, schools, services, and other facilities.

Heretofore, authoritative resource material pertaining to various handicapping conditions, collected in one volume, has been available only to a limited extent. Furthermore, much of the earlier available material of this nature dealt with a relatively few conditions or covered the subject in a restricted manner. Certainly, physicians who have limited experience in dealing with the handicapped child, as well as other pro-

fessional workers, have had available only sparse practical material to aid them in dealing with the emphasis on the *child* who has a handicap rather than the handicap itself. Furthermore, in many instances, as is found by parents of a handicapped child, attempts to profit from published material on the subject have often resulted in confusion or limited benefit, and the material has been difficult to judge on the basis of its veracity. Thus, this book is a step in fulfilling a long unmet need.

Numerous difficulties are encountered when anyone attempts to encompass a field as broad as this subject, and particularly so when different contributors are used. The presence of a tremendous number of variable influences that may bear upon the child with a handicap discourages conciseness in such literary endeavor. Furthermore, problems of compiling a book such as this are increased by different styles in writing and the manner of organization of the material by those who are the authors. One finds in this book chapters as short as 5 pages in length and as long as 38 pages. Furthermore, some chapters are highly professional in quality, from which the value would be primarily to the medical person, and other chapters range in quality to those that are applicable to one who has had no professional orientation whatsoever.

Two principles are emphasized in various chapters, namely, the individualized care that is necessary for a child with a handicap and a great necessity for team approach. Only in the introduction is a suggestion given pertaining to the mechanism for this team approach. This admonition is stated in one sentence as follows: "If the members of the team communicate with each other by discussing the program and progress of the child, the results will be much better than if each individual attempts to carry on his portion of the program independently." In this reviewer's opinion, this theme and the technics for accomplishment are of such great importance that their consideration would warrant a chapter in itself.

The reference to *team* approach continues to be an overworked phrase in various speeches and other writings pertaining to suggestions for the management of the handicapped child. Frequently, hospitals or centers established for the management of a child with a handicap, consider that the "team approach" has been established by having different medical specialists as consultants and by providing various paramedical departments as a functional part of the service. Provision of such service is desirable. However, of greater significance to the child and his family is the manner in which these valuable services are put to use in a "total child" concept extending from the time of diagnosis until optimal rehabilitation is accomplished.

Such emphasis requires many considerations, some of which are as follows: (*a*) Establishing inclusive aims *by the team,* both long-term and more immediate, followed by periodic revisions as needs demand; (*b*) working collaboratively toward these aims by every person (including the family) who is involved in the child's program, even though some aspects are outside the given professional person's direct special interest; (*c*) having for each individual child an established co-ordinator of the program (may be physician or other) who maintains appropriate contact with the child and his parents; (*d*) maintaining an alertness to the child's progress and need for periodic change in aspects of his program, for desirable accomplishments; and (*e*) being as much or more concerned about the favorable development of attributes in the child that are not deviant, as working vigorously to possibly only partially remedy those grossly abnormal functions that may never become corrected. Considerable enhancement in the effectiveness of this volume would have resulted from more detailed consideration of how the child's program might be co-ordinated effectively and the mechanism by which departmental desegregation might be accomplished to a considered extent, so that continuity of approach to the child and his problems would be increased.

A more newly recognized entity, well described in this book, is familial dysautonomia. When one consults the literature on this subject, the impression of rare occurrence becomes evident. Nevertheless, as emphasized in this chapter, there are varying degrees of involvement of the child with such disability. This chapter should serve effectively to alert professional workers to recognize the child who may be so involved.

In determining what to include in a volume of this kind, it is obvious that certain conditions would need to be omitted because of limited space. Nevertheless, it is disappointing to note that a chapter dealing with the child with spina bifida is not among those included. A greater number of children are afflicted with this condition, and their problems are often greater than is true of some of the entities considered in this book. Furthermore, the ramifications of the problems encountered by a child so involved with spina bifida are at least equally as great and demanding of guidance. In addition, the possibilities of long-term benefits and accomplishments with proper approach in many of those children with spina bifida are sufficiently great that it is regrettable that it was not included.

A common situation in many geographic areas in which programs are in existence for the child with a handicap is (*a*) duplication of services and personnel, (*b*) a "jealous" feeling and one of possessiveness of patients for certain agencies attempting to provide services, (*c*) separate fund-raising emphasis, and (*d*) frequently a lack of active leadership by the local medical society in promoting integrated services in a community. This situa-

tion is accompanied by the need for establishing community aims designed in sequential pattern to provide appropriate services for the child with a handicap from infancy or early childhood through stages of vocational training and employment or sheltered workshop activities. Lack of integrated planning is present in enough areas that an added chapter on consideration of this related aspect would increase the book's usefulness to physicians, professional workers, and parents. Such a chapter might include an elaboration of the problem, suggested principles to overcome such difficulties, and possible mechanisms whereby improved community services to the child might be fostered in a more effective manner.

This is a worthwhile volume for those concerned with the child who has a handicap. Depending on the professional background of the reader, it may serve as a textbook, a reference book, or for some a source of authoritative general information pertaining to some aspects of the problems. Appreciation is extended to the editor and the various contributors who have made this volume possible. It is hoped that a future revised edition may include certain additions, some of which are suggested in this review.

Other Books Reviewed

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Adapted Physical Education

By: **Hollis F. Fait,** Ph.D.

1960. 332 p. illus., diag. W. B. Saunders Co., West Washington Square, Philadelphia 5, Pa. $5.50.

WRITTEN ESPECIALLY for students planning to teach in regular and special schools, hospital schools, or institutions for the physically, mentally, or emotionally handicapped, this textbook describes briefly the nature of the most common types of handicapping conditions and the psychological aspects of each. Administrative and teaching methods, as well as adaptations in programs, are covered. Also included are chapters on low physical fitness and poor body mechanics and how these problems may be overcome. Activities for increasing strength and endurance are described. Additional chapters on activities for the aging, on camping, and on games to promote physical fitness that may also be adapted for the handicapped round out a textbook that is well planned and comprehensive in scope.

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The Exceptional Child; A Book of Readings

Edited by: **James F. Magary** and **John R. Eichorn**

1960. 561 p. tabs. Holt, Rinehart and Winston, Inc., 383 Madison Ave., New York 17, N.Y. $5.50.

THE 71 READINGS by authorities in the fields of education, psychology, social work, and medicine were selected on the basis of the editors' experience in teaching courses on exceptional children and of professional experience in various other settings. A chart is provided to correlate the readings with a number of the textbooks on psychology and special education that are used in teacher training courses. Beginning with a more general section on the exceptional child in contemporary society, the book devotes the remaining 10 sections to readings on exceptional children with specific handicaps—mental and educational retardation, neurological, orthopedic, visual, communication, social-emotional, and cultural handicaps, and another area of exceptionality, the gifted. Continuity and clarification are provided through brief editorial commentaries at the beginning of each section and on each reading. Proportionately more readings are included on the mentally retarded and the gifted since these areas are stressed in teacher training. The value of such compilations is that they provide opportunity for surveying the broad field and bring together often inaccessible articles.

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Federal Services to Special Education and Rehabilitation: Part I. An Inventory of Federal Services to Special Education and Rehabilitation

By: **Subcommittee on Special Education of the Committee on Education and Labor, U.S. House of Representatives (86th Congress, 2d Session)**

1960. 532 p. Paperbound. Available from U.S. Superintendent of Documents, Government Printing Office, Washington 25, D.C. $2.25.

BECAUSE FEDERAL service programs providing for the welfare of handicapped children and adults have expanded tremendously in the past two decades, a special study of the legislation governing them, the current functioning of programs, and future needs to be met was attempted by the Subcommittee, under the direction of Dr. Merle E. Frampton. The report is divided into three parts, presenting first this inventory of federal services and their statutory authority. Part II will give an analysis of these services and Part III, recommendations for improving services and suggestions for legislation aimed at meeting the most pressing needs in these areas. In addition to concise descriptions of functions of the federal government that benefit exceptional and handicapped persons, Part I gives, in numerical order, provisions of the United States Code authorizing services as well as regulations published by executive departments to amplify these statutes. The concluding section is a detailed listing

or index, by handicap or exceptionality, of all authorized services; cross referencing to the specific statute of the Code facilitates use of the report.

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The Growing Challenge of Disability Control in an Era of Comprehensive Medical Care; A Symposium in the Public Interest

Sponsored by: **Liberty Mutual Insurance Company,** Boston

1959. (125) p. Mimeo. Liberty Mutual Insurance Co., 175 Berkeley St., Boston 17, Mass.

THREE BROAD AREAS of disability, costly in terms of time and money—cardiac disability, the psychological complications of disability, and degenerative diseases of aging—were discussed in panel sessions of the two-day symposium held by Liberty Mutual Insurance Company of Boston. Representatives from the fields of insurance, medicine, industry, labor, government, the legal profession, and voluntary health associations heard also individual addresses concerning the economics of prevention and control of disability, in terms of responsibilities of the various groups represented.

Although a published edition of the symposium proceedings may be available at a much later date, mimeographed copies of individual papers may now be obtained, while the supply lasts, from W. Scott Allan, Asst. Vice President, Liberty Mutual Insurance Co., 175 Berkeley St., Boston 17, Mass.

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Institute on Prevention and Management of Handicapping Conditions in Infancy and Childhood

Conducted by: **Continued Education Service of the University of Michigan School of Public Health**

(1960). 242 p. illus., figs., tabs. School of Public Health, University of Michigan, Ann Arbor, Mich.

THIS PUBLICATION contains the papers presented at the second annual institute given under the direction of the Schools of Public Health of the Universities of Michigan and Minnesota in co-operation with the maternal and child health and crippled children agencies of both states. Their purpose is to provide postgraduate education for personnel working in these areas; participants came from the 13 states comprising Regions V and VI under the U.S. Children's Bureau programs.

Contents: The occurrence and distribution of handicapping conditions in childhood, Eleanor P. Hunt.—The perinatal origin of handicapping conditions of childhood, Edith L. Potter.—Some comments on the use of statistical method in community planning of services for handicapped children, Eleanor P. Hunt (Discussion, Richard Remington).—Health needs of children with multiple handicaps, C. Arden Miller.—Community health programs for children with multiple handicaps: Nutrition service, Viola Fisher.—Some administrative aspects in planning a program, Edward F. Lis.—The contribution of the social worker, Elizabeth L. Watkins.—The role of the public health nurse, Ruth C. Tubergen.—Children with hearing impairment, William G. Hardy.—Community hearing programs from the public health nurse's point of view, Ione L. Ripley.—The social worker in a community hearing program, William T. Hall.—Community hearing programs, Jeannette Fraser, Richard E. Marcus.—The habilitation of the childhood amputee: Introduction, Carleton Dean.—The habilitation of the childhood amputee, Charles H. Frantz and George T. Aitken.—Children with vision and eye problems, Franklin M. Foote.—A state health department participates in community vision programs, Caroline Austin.—Nursing in the community vision program; administrative and consultant responsibilities, E. Barbara Stocking.—The Michigan Crippled Children Commission program of medical care for the prevention of blindness, Edward A. Fitting.—Some unintended consequences of current rehabilitation practices, Stephen A. Richardson (Discussion, Ruth D. Ballam, Jessie Waddell, and Edward F. Lis).—The influence of current trends in medical care on health programs for handicapped children, Nathan Sinai (Discussion, Mary E. Watts).—New directions in program planning for handicapped children, Arthur J. Lesser.

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Leaping Upon the Mountains

By: **Barbara Jurgensen**

1960. 100 p. Augsburg Publishing House, 425 S. Fourth St., Minneapolis 15, Minn. $2.50.

ALTHOUGH Hollis Ofstie, born with cerebral palsy, lived less than 26 years, he lived courageously and happily. This simply told story of his life relates his many accomplishments and the host of friends he made before his untimely death by drowning. The author, wife of a Lutheran minister and the writer of numerous published articles and poems, first met Hollis while she was a high school student in Excelsior, Minnesota. At this time he was the proprietor of a book shop and rental library and the author of a featured column on current books that appeared in the local weekly paper. It was his great desire to write the story of his life so that others might gain insight into the problems of the cerebral palsied and might also realize that life could be worth living in spite of physical limitations.

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The Nature Program at Camp; A Book for Camp Counselors

By: **Janet Nickelsburg**

1960. 137 p. figs. Paperbound. Spiral binding. Burgess Publishing Co., 426 S. Sixth St., Minneapolis 15, Minn. $3.50.

FOLLOWING brief introductory chapters discussing the responsibilities of and the training and equipment needed by the nature counselor, the remaining portion of the manual covers in more detail technics and activities to be used in a nature program at established resident camps, at day camps, at child care centers and at vacation schools. Chapter 21 describes the author's experiences in presenting a nature program at six different camps for handicapped children and the benefits that blind, crippled, emotionally disturbed, or diabetic children derived from nature study activities. The very extensive bibliographies *(p. 101-137)* include reference books, those for use in program planning, recordings, children's science books, and books for leisure reading.

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Newgold's Guide to Modern Hobbies, Arts, and Crafts

By: **Bill Newgold**

1960. 289 p. David McKay Co., 119 W. 40th St., New York 18, N.Y. $4.50.

A "COLLECTOR" of hobbies gives a fascinating account of more than 80 hobbies and crafts, describing the pleasures and profits to be gained from pursuing each. In only a few instances, where information and instruction would be hard to obtain, does he discuss the how-to-do-it aspects. Each entry, however, includes references for further information and a bibliography of books and periodicals concerning the field. Hobbies range from those requiring vigorous physical exertion to those that may be pursued by the physically limited at home. This comprehensive survey offers many choices to persons of different interests and financial means. The author is director of the Colony Arts Center, Woodstock, N.Y., and conducts the Hudson Valley regional writers' workshop.

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The Social Welfare Forum, 1959; Official Proceedings, 86th Annual Forum, National Conference on Social Welfare, San Francisco . . . May 24-29, 1959

By: **National Conference on Social Welfare**

1959. 276 p. Published for the National Conference on Social Welfare by Columbia University Press, 2960 Broadway, New York 27, N.Y.

THIS BOOK contains significant papers presented at the Annual Forum, discussing issues of vital concern to those administering social welfare.

Contents: New knowledge—consequences for people, Robert H. MacRae.—Stability in the midst of change, Seymour M. Lipset.—Unemployment in the Great Depression, Irving Bernstein.—Are we spending enough for social welfare, Ida C. Merriam.—The future of public assistance, Ellen Winston.—Public funds for voluntary agencies, Arlien Johnson.—Concepts of income adequacy, Helen H. Lamale.—Planning for the small community, Reginald Robinson.—New trends in adoption practice, Mildred Arnold.—Individual change through group experience, Alan F. Klein.—Medical care issues in the United States, Herman M. and Anne R. Somers.—Medical care; an historical perspective, Odin W. Anderson.—Issues in medical care, James Brindle.—Alcoholism is everybody's problem, John R. Philp.—Rehabilitation of the mentally ill aging, David Freeman.—Social welfare in the Soviet Union, Charles I. Schottland.

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Workmen's Compensation; The New Jersey Experience

By: **Monroe Berkowitz**

1960. 298 p. tabs., charts. Rutgers University Press, 30 College Ave., New Brunswick, N.J. $6.00.

IN THIS OBJECTIVE study of the workmen's compensation system in New Jersey, supported by Rutgers University Institute of Management and Labor Relations, Dr. Berkowitz of Rutgers' Department of Economics examines the administration and functioning of New Jersey laws in this area. By analyzing the wide variety of problems arising in the handling of compensation cases, not from the legal but from the socioeconomic viewpoint, he highlights imperfections of the present system and suggests how improvements could be brought about. Current trends in types of cases coming before the Division of Workmen's Compensation are reviewed; the adequacy of cash benefits paid under the act is considered. Controversial problems of permanent partial disability call for reforms, as the author points out. Current complaints concerning administration of the act are reiterations of those voiced in the past; findings of investigating commissions and efforts of past Commissioners of Labor to improve administration are examined. Financing of the system in New Jersey is by private insurance carriers, without any direct state participation; an evaluation of state fund versus private insurance in the matter of rates is made. Also covered in other chapters are problems of second injuries, rehabilitation, and those related to degenerative diseases and radiation hazards. An extensive bibliography of selected references, briefly annotated, *(p. 280-294)* is included.

Digests of the Month

Journal articles, chapters of books, research reports, and other current publications have been selected for digest in this section because of their significance and possible interest to readers in the various professional disciplines. Authors' and publishers' addresses are given when available for the convenience of the reader should he desire to obtain the complete article or publication. The editor will be most receptive to suggestions as to new publications warranting this special attention in Digests of the Month.

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Various Sources Contributing to the Clinical Picture of Abnormal Behavior in a Retarded Child

By: **Lise Gellner**, M.D.

In: *A Neurophysiological Concept of Mental Retardation and Its Educational Implications; A Series of Five Lectures, Ch. 5, p. 39-44.* 1959. 44 p. The Dr. Julian D. Levinson Research Foundation for Mentally Retarded Children, Cook County Hospital, 519 S. Wolcott St., Chicago 12, Ill. 50¢.

OUR ATTITUDE toward mentally handicapped children and our approach to teaching them is determined by an outdated concept of mental retardation. According to it a child's "intellectual potentialities" are limited by a "general defect of intelligence," uniform in character but varying in degree. A new neurological concept attributes the retardation to various types of learning handicap caused by structural or biochemical damage in the cerebral systems of vision and audition. Visual and auditory impulses from the retina of the eye or cochlea of the ear are integrated by cerebral systems with kinesthetic impulses from the somatic structures, such as muscles and joints. Visual or auditory impulses are also integrated through systems with those from the autonomic structures such as inner organs and blood vessels. If these four systems from the sense organs through brain ganglia to projection areas in the cerebral cortex are intact, seeing or hearing is normal. Impairment anywhere in the systems means functional disturbance, with a perceptual loss in vision or audition.

A perceptual loss impairs the two branches of a system. Loss in the visuosomatic system affects *vision* of movement and *movement* controlled by vision; loss in the auditory-somatic system impairs *hearing* of sounds produced by muscular movement (speech) and production of speech sounds. Loss in the visuoautonomic system affects *seeing* meaning content of visual stimuli and *emotional reactions* evoked by such content; loss in the auditory-autonomic system affects *hearing* meaning content of auditory stimuli and *emotional reactions* evoked by such stimuli. Obvious differences in the behavior patterns of "retarded children" are due mainly to specific perceptual loss suffered.

Typical of a visuosomatic disorder or of a movement blindness is inability to imitate seen movements, match forms, copy visual patterns, and use the hands under control of the eyes. Signs of visuoautonomic disability or meaning blindness are lack of visual concentration, disinclination to look at picture books, hyperactivity, and inability to match colors or recognize pictured objects. Mutism and all speech defects usually are caused by auditory-somatic defect or word-sound deafness. Parrot speech, irrelevant talking, and inability to answer any but the most simple questions or to speak in sentences or tell a story are typical symptoms of auditory-autonomic defect or word-meaning deafness. There are many more specific features that result from such loss.

Learning difficulties resulting in retardation are created by and the clinical picture influenced by: 1) organic localized brain impairment; 2) superimposed environmental forces that generate feelings of anxiety and insecurity; 3) general physical condition; and 4) the ways and means by which the pleasure drive is satisfied.

Nonrecognition of the child's organic defect results unavoidably in mismanagement leading to emotional disturbance such as temper tantrums, withdrawal reactions, aggressive behavior, and malicious destructiveness. The last should not be confused with playful destructiveness. A child may like to use his hands but cannot give the *visual* attention for constructive tasks. Such destructiveness may be channeled and made valuable in teaching manipulations. The educational aim of "acceptable social behavior" too often leads to infliction of unwise punishment.

The "uniformity" often seen in retarded children, even when perceptual handicaps differ, is accounted for by features of emotional disturbance. "Protective" nociceptive impulses, described as impulses of fight and flight, evoked by emotional factors often appear in the mentally handicapped and minimize or hide behavior differences caused by organic impairment. A child faced constantly with incomprehensible demands withdraws and soon does not respond to any requests, even those he understands. The picture of "generally defective" then appears. The more strongly educational pressure has been exerted in a wrong direction, the more the *specific organic features* become overshadowed by the *equalizing features of emotional disturbance*—especially in children with fairly mild organic handicap.

Children who get along quite well at home may face ridicule at school. Failure met at school creates in turn an inferiority complex, a withdrawal reaction, and a picture of a *generally* stupid child. Careful testing can

reveal the area of organic handicap and, if appropriate methods are used early enough, the "stupid" child may be transformed into a normally capable youngster. If the area of handicap is not found, the unavoidable continuance of inappropriate teaching methods will re-enforce the inferiority complex and emotional maladjustment. Cerebral maturation processes may help the child outgrow his initial organic handicap, but the emotional forces at work may hold down the child's learning powers. Thus, some adolescents who are able to have psychotherapy are helped to become normal intellectually.

The general use of proper diagnostic methods would change schools for educable mentally handicapped children into schools for children with different perceptual disabilities. Emotional maladjustment would be avoided. Children would probably attend these schools for one or two years before returning to ordinary schools. Longer periods of specialized teaching would be needed for those more severely handicapped perceptually.

Purely physical disorder may prevent the otherwise possible rehabilitation of mentally handicapped children. All physical illness exerts a negative influence on the child's vital energy and interferes with the learning powers. Cerebral palsy often makes teaching a perceptually handicapped child extremely difficult and sometimes makes it impossible. If the visual and auditory systems of the brain are not involved in the tactile proprioceptive impairment, no mental handicap stands in the way of the cerebral palsied and teaching may follow pretty much accepted patterns. In circumventing the perceptual disabilities of mentally handicapped children, we make abundant use of the tactile kinesthetic pathways in the brain. But if these pathways are blocked, such methods cannot be used. I have found none to replace them.

The ways and means by which a child satisfies his pleasure drives are determined by his intact facilities. In children with visuosomatic disability the pleasure-drive satisfaction is usually within normal limits—they like looking at picture books, listening to stories, and talking to people and they generally are rather placid. A child with visuoautonomic defect loves looking at quickly moving objects and moving quickly himself. He likes watching moving lights and shadows. Some children will twist shiny metal objects in front of their faces, watching the moving light reflexes out of the angle of an eye (they see very little with the visual receptors in the center of the retina).

Those with auditory defects usually make few social contacts and like solitary occupations, as collecting things. They tend to engage in intricate fingerplay or other bodily movements, sometimes for hours. Young children engage in rocking or head-banging. Head-banging evidently evokes pleasurable sensations in the inner ear. Some mute children or those with severe speech defects have excellent balance and like to climb or do acrobatics; others with similar handicaps are defective in balance and walk on a wide base with a shuffling gait. A speech defect may be diagnosed by seeing a type of locomotion. I presume that impairment in the auditory cerebral pathways sometimes also affects the nerve fibers from the organ for balance. If the system of balance is not disturbed, it seems almost as though the auditory stimulation is able to influence the balance system. Spontaneous activity on the part of a child, we may be sure, is based on the employment of intact cerebral pathways. Educational science should design special procedures that develop the child's intelligence by using unimpaired pathways, as determined medically.

New test batteries should be devised by psychologists, not to determine the child's IQ, but to determine the area of defect and the exact type and extent of his impaired functions. These tests would provide a guide for an educational approach to a mentally handicapped child. He could be enrolled immediately in a special group suffering the same disability and taught with special methods. Mismanagement and frustration would be avoided; the teacher could see his pupils, even some of the trainable ones, developing mentally and learning the three R's with little more difficulty than the normal.

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Dental Problems of Non-Institutionalized Mentally Retarded Children

By: **John R. Snyder,** D.D.S., **Judith J. Knopp,** and **William A. Jordan,** D.D.S. *(Minnesota State Dept. of Health, Minneapolis, Minn.)*

In: *North-West Dentistry.* Mar., 1960. 39:2:123-133.

A STUDY was conducted in 1958 and 1959 to determine dental needs, characteristics, and services given noninstitutionalized mentally retarded children in four Minnesota counties, Becker, Clay, Otter Tail, and Wilkin, as part of the Four-County Project conducted by the Minnesota departments of health and welfare and financed by U.S. Children's Bureau funds. The pilot study's objectives were to locate retarded children, arrange any needed diagnosis and treatment, and stimulate the development and operation of community services for retarded children and families to minimize need for institutional care. Dentists in the area interviewed prior to the study were found to be generally interested in learning about and giving service to mentally retarded children.

As of July, 1959, 919 children had been referred and 244 given medical, psychological, and social evaluations. Lack of dental care was obvious and, with the help of the Section of Dental Health, appointments were offered to 205 children proved retarded and still in the area. Of 130 actually scheduled, 115 children appeared, but 2 refused to enter the building. A complete dental and

oral examination was given 113, using a mouth mirror, explorer, and Burton examining light. Two bitewing x-ray pictures were made in 60 percent.

The children were between the ages of 1 and 19 years, mean age 9.4. The average IQ was 57. Sixty-seven of the 113 were males. Teeth and tooth surfaces affected by decay were fewer on the average for retarded children than for average children. However, only three percent of the *def* (decayed, to be extracted, or filled) deciduous teeth of those 5 to 9 years old had been filled, compared to over 40 percent for average children. Only 17 percent of the *DMF* (decayed, missing, or filled) permanent teeth had been restored in the 13-to-17 year group compared to 50 percent for average children. Percentages of lost teeth were higher in all age ranges for mentally retarded children.

Due to poor oral hygiene and toothbrushing habits, 75 (66%) of the children had more severe forms of periodontal diseases, with 5 percent having periodontitis simplex. No Vincent's infection was noted.

In 48 percent malocclusions were severe enough for orthodontic service, the majority having prognathic malocclusions (mostly in mongoloids) and traumatic malocclusions due to loss of teeth. Late eruption was observed in 38 percent. Salivation was moderate. Poor oral hygiene was seen four times as often as in average children. A toothbrush was used once a week or less by 58 percent; stains were present 71 percent of the time. Oral and dental abnormalities were found in over a third; most frequently noted were enlarged tongues, fractured teeth, and hyperplasia of the gingiva. According to the parents, sweet foods were used to excess by 17 percent. Younger children often favored soft foods; diets improved with the eruption of permanent teeth.

Of these children, 37 percent had never been to a dentist. Only half of those with appointments had had any dental work done, usually in an emergency. The 60 percent cooperative or impassive during dental examination were considered fully treatable in the dental office. Twenty-three percent (with lowest IQ's) were uncooperative or extremely fearful and were judged untreatable except with a general anesthetic. One-fourth of the children had other medical problems such as respiratory or cardiovascular disturbances, blood dyscrasias, or allergies.

In preliminary interviews parents expressed willingness to secure any dental care found necessary and to cooperate in diet and home care procedures. On completion of the examination they were told of any dental disabilities of the child and regular visits to a dentist were recommended. Duplicate examination records are kept and are available on request of the patient's dentist. Parents were informed of the use of preventives such as fluorides. The dental hygienist demonstrated good oral hygiene practices.

The biggest stumbling blocks to good dental care of mentally retarded children in the area were: 1) inadequate dental facilities, especially in hospitals; 2) lack of understanding and assistance of parents and some hospital personnel; 3) operative and patient management problems; and 4) time and financial difficulties.

North-West Dentistry is published bimonthly by Minnesota, South Dakota, North Dakota State Dental Associations, Publishers, 2642 University Ave., St. Paul 14, Minn.; subscription rate, $3.00 a year.

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The Home Care Demonstration of Metropolitan Detroit, July 1, 1955, Through December 31, 1959

By: **Visiting Nurse Association, Detroit**

1960. 14 p. tabs. Mimeo. Visiting Nurse Association, 4421 Woodward Ave., Detroit 1, Mich.

A DEMONSTRATION lasting four and one-half years was begun July 1, 1955, by the Visiting Nurse Association (VNA) in Metropolitan Detroit to serve the long-term patients of private physicians in contrast to the hospital-administered home care programs designed for patients treated by hospital-employed physicians. The Demonstration was supported by a $100,000 grant from the McGregor Fund and approved by the United Community Services, Wayne County Medical Society and Hospital Council, and local health departments. At the project's end 440 patients had been admitted, 395 discharged, and 45 transferred to the ongoing Home Care Program. Thirty of the 395 discharged were attended by hospital staff physicians, the rest by private physicians. All patients had been served by the VNA and about half by other community agencies.

The Board was responsible both for the administration of the VNA and for the Demonstration, and a dual function was delegated to its administrative staff. A steering committee of the Board administered the Demonstration as a community project. The VNA's Medical Advisory Committee was also made responsible for the Demonstration, and a representative community advisory committee for the Demonstration was appointed. The VNA offers nursing services, physical therapy, occupational therapy, nutrition, home aide service, and sick room equipment. In the Demonstration the private physician furnished the medical care, and community agencies provided family counseling, financial assistance, and other special services. Supervisors of the eight district offices of the VNA were made responsible for patient care of Demonstration patients, but the final decision on admission and discharge was given to the special advisory and consultative team of medical, nursing, and social work co-ordinators appointed for the Demonstration.

Requirements for admission were: The welfare of the patient and his family warranted care in the home; the home environment could be made suitable; medical care was available in the home; the patient had a long-term disability; the patient or family needed rehabilitation; a complexity of co-ordinated services was required.

The organized home care movement is an attempt to find a way to help with the problem of the care of the ever-increasing number of chronically ill and disabled. There are about fifty known programs, most of which have developed since 1950. Detroit's consideration of a home care program was specifically influenced by the conferences, studies, and recommendations of the national Commission on Chronic Illness, which functioned in the period of 1950-55.—From page 1 of the report.

Requirements for discharge were: The patient had recovered; the patient had reached the rehabilitation goal expected; the family could care for the patient with or without the help of the VNA's regular service; the patient needed institutional care; the patient and family failed to carry out the program.

The case conference was very important in setting goals for the patient and family and measuring progress. Conferences were held by representatives of the community agencies on each admission, monthly progress, and discharge. Planning and co-ordination began here.

A central system established in the Demonstration office recorded case information from district offices, conference notes, and medical summaries. Statistical data were transferred to McBee cards for key sorting. A monthly report was prepared from the cards.

Consultants from the Chronic Disease Program of the Public Health Service, who reviewed the program after the first two years, advised evaluating the program's effectiveness and finding better ways to interpret the program to physicians, to effect earlier referral of patients, both of which were carried out. In February, 1958, the steering committee met with the administrators of four of the voluntary hospitals to discuss a co-operative in-hospital home referral plan, with the result that a public health nurse from the Demonstration regularly visited the hospitals to contact attending physicians about selecting and planning for their patients in need of home care. In each hospital the approval of the general plan was obtained from the hospital administrator, director of nursing, and heads of various departments. Approval was given to sending a copy of the patient's medical record to the medical director of the Home Care Demonstration to be shared with those giving patient care.

As a result of the nurse-co-ordinator's contacts with him, the physician made referrals more easily. Referral was expedited by placing a Continuing Patient Care Form on the chart ready for the physician to write the medical information and orders. A copy of this form was sent him with a report of the patient's progress at home. Monthly reports were also sent with progress notes and, when necessary, requests for new medical orders or information. Reports and questions of an urgent nature were telephoned to him.

Sixty percent of the 440 patients were female. Sixty-five percent were in the 25 to 65 age bracket, 21 percent above, and 13 percent below. The average stay on home care was 167 days. Seventy-three died, most of these having been referred for terminal care. Seventy percent improved considerably. Only 4 percent had complete mobility when admitted; at discharge 30 percent had. In 85 percent care was turned over to self and family, 12 percent were transferred to the Rehabilitation Institute and other hospitals for further rehabilitation, while 3 percent went to nursing homes.

In the Evaluation Study of patients dismissed from care January, 1957, to July, 1958, physicians reported their opinions on the service in 117 patients. They felt therapeutic goals set had been reached for 90 percent of the patients and that for 30 percent the co-ordinated services of the Demonstration had been more helpful than could have been expected from regular VNA service. They stated that the co-ordinated services had enabled these patients to be cared for at home and that for 67 percent the hospital stay had been shortened. Replies from 14 agencies on 54 patients included in the Evaluation Study indicated that this co-ordination had helped achieve goals set for their clients. Forty-five patients and families were interviewed to obtain their opinions—all were "satisfied customers."

The plan of operation of the Demonstration precludes a complete cost analysis. The Fund grant of $100,000 covered co-ordination and administrative aspects but not the expense of patient services. Community agencies supplied service through their own budgets. The VNA alone kept a record of the cost of services rendered and supplied most of the services. Home Care figured their costs on the patient day to compare them with hospital per diem costs. A breakdown is:

		Total Cost	*Cost per Day*
Patients: 440			
Days Enrolled	72,688	$317,458	$4.34
Professional Visits	18,529 @ $6.	111,174	1.52
Home Aide Service Days	8,857 @ $12.	106,284	1.45
Administration and Co-ordination		100,000	1.37

Sources of income were:

	Total:	$317,458	*Percent*
Administrative Grant		100,000	31.5
Paid by Patients and Service Contracts		65,331	20.6
VNA Budget		152,127	47.9

(Continued on page 223)

Special Report

Services to Handicapped Students at Southern Illinois University

William E. Fife

IN 1958 SOUTHERN Illinois University began to modify physical facilities and certain administrative and academic procedures to enable severely handicapped persons to enroll in college and take part in campus functions. Now, in 1960, 63 such students are enrolled at Southern, including 11 blind, 8 deaf, and 32 wheel chair students and 12 with locomotion difficulty severe enough to come to the attention of the Coordinated Services to Handicapped Students. An additional 102 students have a physical disability but need no special consideration.

Southern has adopted the philosophy that disabled students should be integrated in every way into the campus community; at the same time, however, the particular needs of disabled students are recognized. The majority of classroom buildings have had ramps installed at appropriate entrances, and a class normally assigned to a less accessible classroom can be moved to another room to accommodate a handicapped student.

One interesting provision of the University is the "reading room" for blind students in the library. In this room the students gain access to their textbooks by means of recorded tape; here also the blind student can get together with a reader to study an unrecorded text.

Several types of housing are available for the disabled student, as many units of University dormitories have been modified to meet the special needs. Some students live in new modern dormitories in suites that have been recently modified with wider doors; others live in cooperative apartments where they share responsibility for their own welfare. Students in wheel chairs are assigned to one of these areas according to their particular needs and their own choice; blind and deaf students are placed without special consideration unless they make a special request. In all cases they share living quarters with nonhandicapped students.

The sidewalk routes of the campus have been modified to enable all students to travel independently from their dormitories to classrooms. At various locations, breaks in

A Comment on the University and Its President . . .

Southern Illinois University at Carbondale, under its eighth president Delyte W. Morris, has grown from a teachers' college to become the second largest university in Illinois. Its current enrollment, over 11,300, is four times greater than when Dr. Morris came in 1948. More than $25 million worth of new buildings have been put up since 1949. The University's program has been related to the cultural and economic problems of southern Illinois's mining towns and small farms. This interest is reflected not only in its graduate college and divisions of Technical and Adult Education and of Area Services, but in its schools of Communications, Agriculture, Business, and Home Economics as well. President Morris holds that all people, regardless of economic and physical handicaps, should have the opportunity to be educated to the fullest extent of their capabilities. He has instituted a number of programs to carry out this philosophy and, thus, has drawn many handicapped persons to the University as full-time students. Dr. Morris was formerly speech department chairman and director of the speech and hearing clinic at Ohio State University. Earlier, at Indiana State Teachers College, Terre Haute, he was chairman of the speech department and director of its special education clinic. A fellow of the American Speech and Hearing Association, Dr. Morris also served a term as its president.

The author of this report, Mr. Fife, is assistant supervisor of services, Office of Student Affairs, at Southern Illinois University.

the curbings have been made for wheel chair students, and special orientations are given blind students so they may learn their way. Disabled students are allowed to use their own automobiles; special parking permits are issued when needed.

Because the various therapies should be a special concern in any program designed for disabled students, a Clinical Center was established by the University. Physical therapy, psychotherapy and counseling, speech correction, and hearing diagnoses are available at the Center to students who need such help and can benefit. Many of the severely handicapped students have taken advantage of this service.

While it is deemed advisable not to provide special programs for disabled students, nevertheless it is realized that the handicapped have vastly different recreational needs. A special program meets, in part, these needs by allowing handicapped students to participate together in competitive sports. Their competitive needs are thus met in a wholesome manner.

Special mention should be made of the Vocational-Technical Institute of the University, providing two-year programs leading to associate degrees in such fields as accounting, drafting, and retail sales. Like the main University, the Institute has many handicapped students enrolled. They are entitled to all the services of the University.

The program as outlined here is designed to meet the needs of those students who, though severely handicapped, are capable of caring for themselves. It is the general policy of the University to admit only those who are capable of self-care in their activities of daily living. However, exceptions are made and one too disabled to care for himself may arrange for an attendant, if such a procedure will allow him to seek greater independence.

Thus, Southern Illinois University, though an educational institution with high academic standards for its primary focus, does ally itself with rehabilitation agencies to enable handicapped students to achieve maximum rehabilitation while gaining their higher education. This policy meets one of the goals of an effective rehabilitation program as it places greater responsibility upon the student. In addition, Southern Illinois University recognizes the desirability of maintaining close relationships with rehabilitation counseling agencies that refer students to it. To further this relationship, the University through the Rehabilitation Institute and the Office of Student Affairs provides these agencies with reports of periodic interviews with each handicapped student to see that he is keeping up with his required activities. In this way Southern is part of the rehabilitation team.

(Continued from page 221)

Some Home Care days are a substitute for hospital days, and when they are the difference in cost is $25.00 or more, as Home Care is usually $5.00 or less per day and a hospital $30.00 or more.

Results of the Demonstration

Physician referrals went from 55 percent the first year to 89 percent in the fourth and last year. Hospital personnel became more interested in planning for posthospital care, resulting in earlier hospital discharge. The efficiency of the Visiting Nurse personnel increased by participation in the Demonstration. Health and welfare interagency planning improved. The Home Care Demonstration was approved by the United Community Services as an ongoing program of the VNA as of January 1, 1960. The Michigan Blue Cross agreed to a year's experimental program in providing home care to selected posthospital subscribers, which may influence the future development of prepayment plans for home care service.

Recent Reprints from Rehabilitation Literature

These reprints belong in your own professional collection and may be ordered in quantity for professional education programs. Inquire for special prices for quantity orders. Orders for less than $1.00 should be accompanied by payment.

Reprint DR-24
Amputee Needs, Frustrations, and Behavior. By Sidney Fishman, Ph.D., Director, Prosthetics Education, New York University Post-Graduate Medical School, New York, N.Y. *(Reprinted from the November 1959 issue.)* 25¢ a copy.

Reprint DR-25
Role Modifications of the Handicapped Homemaker. By Victor A. Christopherson, Ed.D., Professor of Child Development and Family Relations, University of Arizona. *(Reprinted from the April 1960 issue.)* 25¢ a copy.

Reprint E-27
The Patient's Motion Ability: Evaluation Methods, Trends, and Principles. By Mary Eleanor Brown, M.A., Physical Therapist. *(Reprinted from the February and March 1960 issues.)* 50¢ a copy.

Abstracts of Current Literature

This abstracting section, together with other numbered references indexed in this issue, serves as a supplement to the reference book Rehabilitation Literature 1950-1955, *compiled by Graham and Mullen and published in 1956 by the Blakiston Division of McGraw-Hill Book Company, New York. An author index will be found on the last page of the issue.*

ACCIDENTS

488. Association for the Aid of Crippled Children

Two reviews of accident research: Current research in childhood accidents, by Edward A. Suchman and Alfred L. Scherzer; *Youth and the automobile,* by Ross A. McFarland and Roland C. Moore. New York, The Assn., c1960. 74 p. figs., tabs.

Although not directly sponsored by the Association for the Aid of Crippled Children, both monographs represent areas of research of vital interest to the Association. The first attempts to clarify behavioral aspects of accidents among children, with special attention given to the problem of accidents among preschool children.

Drs. McFarland and Moore review the role of the automobile in the cultural and behavioral patterns of young people, considering safety problems and the means of solving them. Suggestions are offered in both monographs for needed research in the areas studied.

A limited number of copies of the publication are available from the Association for the Aid of Crippled Children, 345 E. 46th St., New York 17, N.Y.

AMPUTATION

489. Covalt, Nila Kirkpatrick *(280 Edinburgh Dr., Winter Park, Fla.)*

Amputee rehabilitation. *J. Fla. Med. Assn.* Jan., 1960. 46:7:838-845.

A summary of the current rehabilitation treatment program for lower extremity amputees. Dr. Covalt, medical director of the Kirkpatrick Memorial Institute of Physical Medicine and Rehabilitation, Winter Park, Florida, cautions that not all amputees have the motor skills or coordination to learn to use a prosthesis. The total treatment program, from preoperative preparation through training in the use of the prosthesis, is outlined and discussed in some detail. More intensive training courses are now being made available to professional personnel working in the rehabilitation field; it is vital that all have a clear understanding of the many technics and factors involved in amputee rehabilitation.

490. Fattouh, A. *(Dept. of Surgery, Faculty of Medicine, Alexandria, Egypt)*

Inter-innomino abdominal or hind-quarter amputation; hemipelvectomy; a preliminary report, by A. Fattouh and Dikran Haroubian. *Alexandria Med. J.* Mar., 1960. 6:2:207-218.

A report of the authors' experience with three patients undergoing surgery during 1958-59 for extensive malignant disease of the lower limb. Discussed are the indications for surgery, proper selection of patients, operative technics of hemipelvectomy, and pre- and postoperative management. Complications of the operation are mentioned.

AMPUTATION—MEDICAL TREATMENT

491. Chase, Robert A. *(Yale Univ. School of Medicine, 333 Cedar St., New Haven, Conn.)*

Functional levels of amputation in the hand. *Surg. Clinics N. Am.* Apr., 1960. 40:2:415-423.

Although levels of amputation in the hand should be decided on the basis of individual needs and desires, certain general principles must be followed. The author reviews treatment of tendons, nerve ends, and bone ends as well as principles applying in the amputation of individual digits. Illustrations are included.

See also 514; 530.

ARTHRITIS

492. Harris, Ronald *(Devonshire Royal Hospital, Buxton, England)*

Results of rehabilitation and resettlement in rheumatoid arthritis. *Annals Phys. Med.* May, 1960. 5:6:194-202.

Rehabilitation results in 988 persons with rheumatoid arthritis treated as inpatients at the Devonshire Royal Hospital from 1953 through 1958 are analyzed. Considering that all were too disabled to be handled in the ordinary general hospital, results of rehabilitation compared favorably with findings reported in similar studies. Only 10 percent of the group failed to achieve limited independence. Employment of some kind was considered feasible for 51 percent of patients on discharge. Follow-up two to three years after discharge showed more than half those considered employable were in stable employment.

BLIND—NEW JERSEY

493. The Welfare Reporter, N.J. State Dept. of Institutions and Agencies. Apr., 1960. 11:2.

Entire issue devoted to the subject.

Articles in this issue of *The Welfare Reporter* review the extensive program of services to blind and near-blind persons in New Jersey. The issue commemorates the 50th anniversary of the establishment of the New Jersey State Commission for the Blind.

Contents: Foreword, George F. Meyer.—Eye health services to prevent blindness, Mrs. Emma Howe.—Subnormal vision corrections for the partially seeing, Gerald

Fonda.—Educational services, Josephine L. Taylor.—Vocational rehabilitation services, Carl C. Pirups-Hvarre.—Services to the homebound, adult blind, Helen M. Gromann.—Home industries, Adele Prescott.—Financial aid to the needy blind, Joseph Kohn.

Address of *The Welfare Reporter* is 135 W. Hanover St., Trenton 25, N.J.

BLIND—SPECIAL EDUCATION

494. Bourgeault, Stanley E. *(Minnesota State Dept. of Education, St. Paul 1, Minn.)*

A discussion of the integrated or resource plan for education of the visually handicapped. *New Outlook for the Blind.* May, 1960. 54:5:153-159.

In same issue: Service to blind children in the New York Public Library, Effie Lee Morris, p. 159-165. Educating teachers for blind children, Jeanne R. Kenmore, p. 165-168.

An analysis and explanation of the "resource program" where the blind child is enrolled in the regular classroom. A full-time qualified teacher of blind children and a resource room provide both the teacher and the blind child the help needed to reduce or eliminate learning difficulties of the child. The article should be useful in delegating teacher responsibilty and in interpreting the program to school officials.

Miss Morris, the first and only librarian for blind children in any public library in the United States, describes the work of the New York Public Library's Library for the Blind. One of several regional libraries dependent upon the Library of Congress for the bulk of their collections, it provides reading guidance to parents, teachers, and school librarians responsible for choosing children's books.

Miss Kenmore *(Dept. of Educ. Psychology, Univ. of Minnesota, Minneapolis 14, Minn.)* relates the development of teacher training programs for those who plan to work with blind children. Controversial issues in educating teachers of the blind are considered; curriculum variations from school to school emphasize the need for national standardization of programs. Guidelines are given to aid the prospective teacher in choosing a training center.

495. Regler, Jerry *(Nebraska School for the Blind, 824 10th Ave., Nebraska City, Neb.)*

An experimental program for slowly developing blind children. *Internatl. J. Educ. of the Blind.* May, 1960. 9:4:89-92.

In same issue: Severely disturbed blind children, Bob McQuie, p. 93-96.

Describes a four-week experimental program conducted at the Nebraska School for the Blind in 1959. Five totally blind children representing different degrees of retardation but all considered to be of normal intelligence were given individual training to develop skills in seven general areas: locomotion, eating, dressing, general self-help, communication, constructive play activities, and socialization. After 4 weeks' training, children were rated as having made up to six months' gain in social maturity. Conclusions regarding causes of the children's difficulties are offered, with suggestions for expansion of services to meet the needs of these children and their parents.

Mr. McQuie *(Missouri School for the Blind, 3815 Magnolia Ave., St. Louis, Mo.)* reports activities of a four-week workshop held at Northwestern University, Evanston, Ill., in 1959. Subject of the workshop was "The Potentialities and Problems of Severely Disturbed Blind Children." A similar conference open to participants of the 1959 Workshop will be held at Michigan State University, Lansing, in 1960.

BRAIN INJURIES

496. American Orthopsychiatric Association *(1790 Broadway, New York 19, N.Y.)*

Brain and behavior, session II, symposium, 1959; Leon Eisenberg, Chairman. *Am. J. Orthopsychiatry.* Apr., 1960. 30:2:292-329.

Contents: EEG and behavior, John R. Knott.—Brain damage and reproductive casualty, Benjamin Pasamanick and Hilda Knobloch.—Early environmental influences on behavioral development, William R. Thompson.—Motivational influences on performance in brain-damaged patients, Arthur L. Benton.—The premorbid personality and reaction to brain damage, Hans-Lukas Teuber.

All articles review clinical research conducted to further understanding of the effects of brain damage on learning and behavior. Papers presented in Session I of this symposium appeared in the January, 1960, issue of the *Journal.*

BRAIN INJURIES—SPECIAL EDUCATION

497. Gellner, Lise

A neurophysiological concept of mental retardation and its educational implications; a series of five lectures by.... Chicago, Dr. Julian D. Levinson Research Foundation for Mentally Retarded Children, 1959. 44 p.

Contents: Basic facts about construction and function of the nervous system and their relationship to normal and abnormal behavioral manifestations.—The pathogenetic approach to mental retardation.—The two visual handicaps and the educational treatment of children suffering from them.—The two kinds of auditory handicaps and the educational treatment of children suffering from them.—Various sources contributing to the clinical picture of abnormal behavior in the retarded child (digested in this issue of *Rehab. Lit.*, #485).

Dr. Gellner's lectures were presented at a teachers' course conducted by the University of Chicago in the spring of 1959; her concept of mental deficiency is based on more than 14 years' work in public and private institutions in England and America. (For a description of a clinical project in which she participated for 18 months at Columbus State School, see *Rehab. Lit.*, Apr., 1959, #299.) Dr. Gellner is currently engaged in organizing a pilot project in Chicago for the purpose of teaching mentally retarded children and training teachers in the fundamentals of her approach.

CAMPING

498. Dodge, Warren F. *(Baylor Univ. Med. Hospitals, Houston 25, Tex.)*

Operation of a summer camp for children with diabetes mellitus, by Warren F. Dodge, A. Pidd Miller, and Laura Hooks. *Texas State J. Med.* May, 1960. 56:5:357-362.

A report on the operation of a one-week pilot summer camp for diabetic children. Administration of the camp,

with discussion of admission policies, supplies stocked, staff, and medical management of the children, is covered. From their experiences the authors believe it advisable not to include mentally retarded children in such a camp. Meal planning appeared more convenient and still satisfactory when the exchange system was used. Between-meal and bedtime snacks and a reduction in insulin dosage are advised to reduce the risk of hypoglycemic reactions associated with increased activity.

See also 475; 481.

CEREBRAL PALSY

499. Deaver, George G. *(400 E. 34th St., New York 16, N.Y.)*

The child handicapped by cerebral palsy. *Va. Med. Month.* Dec., 1959. 86:12:681-684.

A general review of the nature of cerebral palsy, the etiological factors (prenatal, natal, and postnatal) causing it, the diagnosis of six types, and a classification according to the extremities involved. Also discussed are early signs of brain damage, general methods of treatment, and the use of drugs and surgery. The discussion was presented at the Annual Assembly of the Virginia Academy of General Practice in 1959.

500. Rembolt, Raymond R.

A changing philosophy regarding cerebral palsy. St. Louis, St. Louis Medical Society, 1959. 26 p. tabs.

The First Biennial William Washington Graves Lecture on Human Constitution . . . presented . . . before the St. Louis Medical Society, November 17, 1959.

Dr. Rembolt states, in his introduction, that it is beyond expectation to find identical manifestations, in all respects, in any two individuals with the diagnosis of cerebral palsy. Variables pertaining to causative factors, physical manifestations, degree of severity, associated defects, influence of environmental factors, functional ability, response to therapeutic measures, and prognostication influence the ultimate success in management of the individual patient. Concepts of management now recognize the need for individualized treatment and the importance of developing a healthy personality in the patient. Dr.

A Comment on

Camps for Crippled Children

"CAMPING for the physically handicapped is much more than a vacation or an outing. Along with other recreational activities, it represents a major part in the total rehabilitation program by any individual. Truly it is a 'way of life' where the idea of 'doing the best you can with what you have wherever you are' is a practice toward which all must strive. . . .

"While all the children need the social and health experiences which camping provides, the needs of the crippled child are proportionately greater. The crippled child has frequently spent too much time alone in his own home surroundings or in the hospital. He needs to make friends, develop his ideas and his personality in a receptive environment. . . .

"The influence of a camp may be very great. The children who attend our camps for an eight week period spend as many hours in camp as they do in attending two semesters in school during the course of a year. Through the means of good supervision, guidance, wholesome food, regularity, rest, and interesting and constructive activities, plus adventurous outdoor living among understanding and congenial friends, there is aroused within each camper, the desire and ability to live under the most serviceable, the most constructive, the most satisfying, and the most abundant life possible.

"In our informal settings, with an atmosphere of freedom, campers establish constructive and happy relationships between themselves and staff. The staff members gain insight and understanding of the needs and desires of the campers. Many experiences are introduced from which a camper derives fun with adventure in new skills and interests, plus an understanding and acceptance of himself.

"We look upon camping as a socializing force whereby campers not only learn how to live with themselves, but learn how to live as members of a group, for our camp is a small community. Camp affords children the opportunity to learn how to conduct themselves harmoniously and productively. Each camper, while he may enjoy the rights and privileges of the group, has an obligation to the group. Each and every camper has a vital contribution to make for the good of the entire camp. We realize that these contributions may seem insignificant at times, but usually they are elements in personal and social growth.

"The camp activity program, modified to meet the capabilities of the campers, is so designed that each child may achieve some measure of success. Through repeated successes, a child soon realizes that his handicap exists only as long as it is acknowledged."—*From* Easter Seal Camping, 19th Annual Report, 1959, Pennsylvania Society for Crippled Children and Adults, Inc., *p. 1, 2. The Society, 1107 N. Front St., Harrisburg, Pa.*

Rembolt is director of the University Hospital School for Severely Handicapped Children, Iowa City, Iowa.

Available from the St. Louis Medical Society, 3839 Lindell Blvd., St. Louis 8, Mo.

CEREBRAL PALSY—BIOGRAPHY

See 480.

CEREBRAL PALSY—DIAGNOSIS

501. Druckman, Ralph *(Baylor Univ. Coll. of Medicine, Texas Medical Center, Houston 25, Tex.)*

A case of atonic cerebral diplegia with lissencephaly, by Ralph Druckman, Dora Chao, and Ellsworth C. Alvord, Jr. *Neurology.* Dec., 1959. 9:12:806-814.

Presents a description of autopsy findings in a case of typical atonic cerebral diplegia, believed to be the first such report in the literature. The condition is a neglected aspect of cerebral palsy even though it is estimated to affect 5 to 10 percent of institutionalized cerebral palsy patients. Clinical features are hypotonia, weakness, marked delay in motor development, mental retardation, and frequently associated convulsive disorder. The particular patient reported on here was slow in development and had seizures of "massive spasm" type.

CEREBRAL PALSY—ETIOLOGY

502. Churchill, John A. *(Henry Ford Hosp., W. Grand Blvd. at Hamilton, Detroit 2, Mich.)*

Spastic diplegia of premature birth. *Henry Ford Hosp. Med. Bul.* Dec., 1959. 7:4:257-261.

In this article prepared for the International Congress of Pediatrics in 1959, the author shows by means of graphs,with explanatory text, the correlation of simple spastic diplegia to low birth weight. In a group of 70 patients with simple spastic diplegia seen by the author, all except 11 were born prematurely. Six of the nonprematurely born were delivered by breech extraction; disability probably is due, the author believes, to stretch injury of the spinal cord. In contrast to simple spastic diplegia, no distinct correlation between birth weight and short gestation time has been found in complex diplegia (or quadriplegia), hemiplegic, athetoid, or ataxic forms of cerebral palsy.

CEREBRAL PALSY—MEDICAL TREATMENT

503. Sterling, Harold M. *(Joseph P. Kennedy Memorial Hosp., 30 Warren St., Brighton 35, Mass.)*

Muscle relaxants in cerebral palsy; a comparative study. I. Meprobamate. *Arch. Phys. Med. and Rehab.* May, 1960. 41:5:182-184.

Describes a method of objective observation for evaluating the influence of drugs on motor behavior in cerebral palsied children. Differences in maturity, skill, and motor handicap, as well as the more obvious differences between children, are less apt to influence the findings when this method is used. Subjective error, effect of learning, and influence of other extraneous factors are minimized. Five children in regular attendance at the Minneapolis Curative Workshop Cerebral Palsy Nursery School were observed over an eight-month period. Meprobamate showed no effect in doses of 100 to 200 mg. three times daily for periods up to one month when compared with pre- and postmedication performance of four children with spasticity due to brain damage. One child with mixed "tension athetosis" and spasticity performed better while receiving the drug, although he had shown no change during a previous study.

See also 528.

CEREBRAL PALSY—PHYSICAL THERAPY

504. Kabat, Herman *(Miriam Hospital, Providence, R.I.)*

Neuromuscular dysfunction and treatment of athetosis, by Herman Kabat and Margaret McLeod. *Physiotherapy.* May, 1960. 46:5:125-129.

Relaxation as a means of treatment in athetosis is not only difficult, the authors state, but relatively ineffective and unsound in principle since the major factors in the patient's disability are usually his deficiencies of voluntary movement. Treatment should be directed to improvement of voluntary motor function, with emphasis on isotonic contraction, correction of imbalances of antagonists, and training of accurate irradiation. The use of resistive exercises utilizing modified technics of proprioceptive neuromuscular facilitation, applied routinely, is recommended. A similar article by the authors appeared in *Arch. Phys. Med. and Rehab.,* July, 1959 (see *Rehab. Lit.,* Sept., 1959, #714).

CEREBRAL PALSY—SPECIAL EDUCATION

505. British Council for the Welfare of Spastics

Factors in the assessment and education of children with cerebral palsy; addresses given at a conference held in Bristol, November, 1958. London, The Council, 1960. 48 p. illus., tabs.

Contents: Opening address, A. V. Neale.—Neuropathological aspects of cerebral birth injury, R. M. Norman.—Clinical problems affecting the education of the cerebral palsied child, Grace E. Woods.—The education of a child in a special school for cerebral palsy, M. J. Ram.—Speech and hearing defects, B. Bolwell.—The cerebral palsied child in an ordinary school, R. V. Saunders.—Administrative problems of arranging education for the cerebral palsied child, A. L. Smallwood.

Available from the British Council for the Welfare of Spastics, 13 Suffolk St., Haymarket, London, S.W. 1, England, at 4s 6d (81¢).

CEREBRAL PALSY—SPEECH CORRECTION

506. Hoberman, Shirley E. *(12 Madeleine Parkway, Yonkers, N.Y.)*

Speech habilitation in cerebral palsy, by Shirley E. Hoberman and Morton Hoberman. *J. Speech and Hear. Disorders.* May, 1960. 25:2:111-123.

Describes briefly the speech deviations found in cerebral palsied children and some of the contributing causes. Adaptations of technics and treatment methods of the Bobaths, Kabat, Rood, Jacobson, and Westlake are described and illustrated. Suggestions for dealing with perceptive and expressive problems, feeding difficulties, and language retardation are given. Activities for stimulating

language, as well as the accompanying body activity, are reviewed. The article reflects technics in use at the New York State Rehabilitation Hospital, West Haverstraw, N.Y.

CEREBRAL PALSY—STATISTICS

507. Argy, William P. *(2800 13th St., N.W., Washington 9, D.C.)*

Cerebral palsy; the scope of the problem in the Metropolitan Area of the District of Columbia. *Med. Annals District of Columbia.* Dec., 1959. 28:12:721-722.

The medical director of the District of Columbia Society for Crippled Children presents an estimate of the incidence of cerebral palsy in subdivisions of the District of Columbia Metropolitan Area and compares results obtained by use of the Schenectady, N.Y., formula and that resulting from sampling by Dr. Phelps. The Schenectady survey established a yearly incidence of 5.9 cases per 1,000 births. Dr. Phelps' formula, based on total population, estimates an incidence rate of 7 cases per year for every 100,000 population. Dr. Argy favors the latter formula as a more accurate standard for guidance.

CHILDREN'S LITERATURE

508. Cohoe, Edith *(Detroit Public Schools, Detroit Mich.)*

Bibliotherapy for handicapped children. *N.E.A. J.* May, 1960. 49:5:34-36.

Bibliotherapy, the reading of selected books for therapeutic purposes, can help handicapped children to accept their disabilities more realistically. Objective acceptance of the attitudes of others toward his handicap may be an additional benefit. Miss Cohoe, supervisor of classes for blind and partially seeing children in the Detroit public schools, discusses briefly how the classroom teacher can promote such reading. Fourteen books are listed as examples of those found useful in bibliotherapy; availability in Braille or Talking Book editions as indicated.

CHRONIC DISEASE—PROGRAMS

509. American Medical Women's Association *(Dr. Ryder, Div. of Special Health Services, U.S. Public Health Serv., Washington 25, D.C.)*

Panel on physician, patient, and community relationships; Claire F. Ryder, moderator. *J. Am. Med. Women's Assn.* May, 1960. 15:5:489-497.

Drs. Euclid M. Smith and Reginald Bennett presented two clinical cases to illustrate the problems inherent in physician, patient, and community relationships in the care and treatment of the chronically ill. Dr. Frances Keller Harding spoke on the physician's responsibilities and problems in planning total care of those with chronic disability. Miss Loyce Bonner, director of the Department of Social Services, University of Arkansas, discussed the utilization of community resources and the need for greater co-ordination of services. The panel discussion was presented at the Midyear Meeting of the Board of Directors of the American Medical Women's Association in November, 1959.

See also 487.

CHRONIC DISEASE—STATISTICS

510. J. Chronic Diseases. May, 1960. 11:5.

Title of issue: Symposium: Statistical problems in medicine.

Contents: Introduction, Paul M. Densen and Lester Breslow, Special editors.—The classification of disease; a fundamental problem, Iwao M. Moriyama.—The distribution of disease in the population, Abraham M. Lilienfeld.—The clinical trial; some difficulties and suggestions, Donald Mainland.—Evaluation of preventive services, George B. Hutchison.—On indices for the appraisal of health department activities, Antonio Ciocco.—Some aspects of retrospective studies, Jerome Cornfield and William Haenszel.—The household interview survey as a technique for the collection of morbidity data, Jacob J. Feldman.

CLEFT PALATE—SPEECH CORRECTION

511. Counihan, Donald T. *(10701 Whitehaven Rd., Oklahoma City 20, Okla.)*

Articulation skills of adolescents and adults with cleft palates. *J. Speech and Hear. Disorders.* May, 1960. 25: 2:181-187.

Lack of detailed descriptions of the speech of adolescents and adults who have had closure of the lip and palate and in whom speech maturation has occurred led to this investigation of the speech of 55 cleft palate persons, between the ages of 13 and 23. Correct pronunciation of consonant elements and certain consonant blends was evaluated. Based on the author's doctoral dissertation completed at Northwestern University under Dr. Harold Westlake in 1956, the study is only one part of a larger study of the relationship between speech efficiency and structural adequacy in cleft palate persons.

DEAF—SPECIAL EDUCATION

512. Moser, Henry M. *(930 Evening St., Worthington, Ohio)*

Historical aspects of manual communication, by Henry M. Moser (and others). *J. Speech and Hear. Disorders.* May, 1960. 25:2:145-151.

Pertinent historical literature related to finger spelling was reviewed as the initial stage in an experimental study of the intelligibility of such communication. A subsequent article will present results of the study to evaluate scientifically the value of finger spelling as a form of communication. Manual signals have ancient but uncertain origins; hand alphabets have existed for more than a thousand years. Modifications that led to the present one-hand and two-hand manual alphabets are discussed.

FRACTURES

513. Parish, J. G. *(Durham Miners' Rehab. Centre, Chester-le-Street, Co. Durham, Eng.)*

Effects of delay in rehabilitation of fractures of tibia and fibula. *Annals Phys. Med.* May, 1960. 5:6:203-210.

Data from a further investigation to the effect of delay in starting inpatient rehabilitation for patients with fractures of the tibia and fibula are compared with findings of a previous study by the author and P. J. R. Nichols

(see *Rehab. Lit.*, Feb., 1960, #108). The majority of the 26 miners, subjects of this study, did not arrive at the center until more than three weeks after the plaster cast had been removed; all required considerably longer periods of treatment than patients who arrived earlier. This experience was similar to that shown with patients of the earlier investigation. Calf-muscle power develops progressively more slowly the longer full-time rehabilitation is delayed.

514. Pyka, Rudolf A. *(Mayo Clinic, Rochester, Minn.)*

Fractures in amputees, by Rudolf A. Pyka and Paul R. Lipscomb. *J. Bone and Joint Surg.* Apr., 1960. 42-A: 3:499-509.

A review of the records of 14 patients who sustained fractures in amputated extremities; three had had amputations of the upper extremities, the remainder were lower-extremity amputees. Findings in this series of patients demonstrate that the course of hip fracture in patients with below-the-knee amputation deviates little, if at all, from the course of hip fracture in normal limbs. These limbs should be treated in the conventional way. Fractures of the upper part of the femur in patients with above-knee stumps seemed to unite faster and better as a result of the shortened leverage of the distal fragment. Nine case histories illustrate the more common problems encountered and the results achieved.

HAND

515. Long, Charles *(Highland View Hospital, Harvard Rd., Cleveland, Ohio)*

An electromyographic study of the extrinsic-intrinsic kinesiology of the hand; preliminary report, by Charles Long, Mary Eleanor Brown, and Gerald Weiss. *Arch. Phys. Med. and Rehab.* May, 1960. 41:5:175-181.

Presents a method for the simultaneous recording of hand motion in the normal hand and electromyograms to investigate the kinesiologic balance between intrinsic and extrinsic muscles. The study is part of the Western Reserve University-Highland View Hospital Hand Research Project. Dr. Long is the principal investigator assisted by Miss Brown and Mr. Weiss as research associates.

See also 491.

HARD OF HEARING—EQUIPMENT

516. Shore, Irvin *(Central Institute for the Deaf, 818 S. Kingshighway, St. Louis 10, Mo.)*

Hearing aid evaluation; reliability of repeated measurements, by Irvin Shore, Robert C. Bilger, and Ira J. Hirsh. *J. Speech and Hear. Disorders.* May, 1960. 25:2:152-170.

Fifteen adult clinical patients with mild or moderate hearing losses diagnosed as conductive, mixed, or sensory-neural were given a battery of auditory tests to determine amount and loss of hearing. Each was then tested with each of two tone settings on each of four different makes of hearing aids. Tests were repeated on four different days. Results were subjected to statistical analysis to determine any significant differences accounted for by use of different aids, tone settings, or days of testing. Conclusions suggest that whatever differences there may be are not detectable by these three usual measures of speech audiometry—gain or residual hearing level for speech, speech discrimination in quiet and in noise.

HEART DISEASE (CONGENITAL)

517. Chenoweth, Alice D. *(Div. of Health Services, U.S. Children's Bureau, Washington 25, D.C.)*

Children with congenital heart disease served in regional centers, 1952-56, by Alice D. Chenoweth and Sadie Saffian. *Public Health Rep.* May, 1960. 75:5:377-386.

The U.S. Children's Bureau in 1951 set aside annually $100,000 for support of regional congenital heart centers; regional programs are now operating in Maryland, Illinois, Minnesota, Texas, and California. The pattern of administration and data from annual summary reports submitted by the regional centers from 1952 through 1956 are discussed. The demand for services has far exceeded the availability of funds; allotment for the centers was increased in 1958 and again in 1959, but is still insufficient to meet the need.

HIP—DISLOCATION

518. Harris, Lloyd E. *(Mayo Clinic, Rochester, Minn.)*

Early diagnosis of congenital dysplasia and congenital dislocation of the hip, by Lloyd E. Harris, Paul R. Lipscomb, and John R. Hodgson. *J. Am. Med. Assn.* May 21, 1960. 173:3:229-233.

In this paper read at the International Pediatrics Conference in Montreal in 1959, the authors describe their experience in use of the thigh abduction test in examining approximately 11,000 infants. At present, the test appears to be the one most easily performed and requiring a minimal degree of experience for adequate interpretation. Average age at diagnosis of congenital dysplasia with dislocation was reduced from 14 months to 4 months, with no dislocations being undiscovered prior to the weight-bearing age. The test should be done regularly during the first 12 months of life since a negative result at birth does not rule out potential dislocation of the hip.

HOBBIES

See 482.

HOMEBOUND—PROGRAMS

See 487.

MENTAL DEFECTIVES

519. Peterson, Le Roy *(Dr. Smith, Univ. of Iowa, Iowa City, Iowa)*

A comparison of the post-school adjustment of educable mentally retarded adults with that of adults of normal intelligence, by Le Roy Peterson and Lloyd L. Smith. *Exceptional Children.* Apr., 1960. 26:8:404-408.

An article based on a doctoral dissertation by Dr. Peterson (University of Iowa, 1959), it summarizes the major findings of a follow-up study of 90 persons formerly enrolled in public schools of Cedar Rapids, Iowa. The subjects were 45 former pupils from classes for the educable mentally retarded and 45 of normal intelligence from families of low economic status. Educational, work, home, family, social, and civic characteristics were examined. Deficiencies of the mentally retarded as citizens indicated

a need for well-planned educational programs in the senior high school to prepare them for community living.

See also 485; 486.

MENTAL DEFECTIVES—DIAGNOSIS

520. Crome, L. *(Fountain Hospital, London, England)*

The brain and mental retardation. *Brit. Med. J.* Mar. 26, 1960. 5177:897-904.

A report of morphological findings in 282 brains obtained at necropsy from mental defectives and other mentally retarded persons, mostly of low grade. Neuromorphological findings of both groups are described; most cases showed gross and obvious neural abnormalities. The study confirms the widely held view that severe mental retardation is usually associated with encephalopathy. The anatomical basis of milder grades of mental retardation remains largely unknown, the author states. Dr. Crome is a consultant neuropathologist at Fountain Hospital, London.

MENTAL DEFECTIVES—MEDICAL TREATMENT

521. Clausen, Johs. *(The Training School at Vineland, Vineland, N.J.)*

The effect of Deaner (2-dimethylaminoethanol) on mentally retarded subjects, by Johs. Clausen (and others). *Training School Bul.* May, 1960. 57:1:3-12.

Because this drug has been reported to increase the power of concentration, increase span of attention, and result in a more affable mood, it was administered to a sample population of The Training School, a major proportion of whom are of the so-called organic type of mental retardates. The value of Deaner in reducing distractablility and reducing emotional tension was tested. Eighteen of the 40 subjects were classified as emotionally disturbed. Results of the study were essentially negative; a tentative opinion offered is that the few suggested changes in motor scores may be explained by assuming a tranquilizing effect of the drug, rather than any specific improvement in concentration or attention span.

MENTAL DEFECTIVES—PSYCHOLOGICAL TESTS

522. Semmel, Melvyn I. *(College of Education, State Univ. of New York, Buffalo, N.Y.)*

Comparison of teacher ratings of brain-injured and mongoloid severely retarded (trainable) children attending community day-school classes. *Am. J. Mental Deficiency.* May, 1960. 64:6:963-971.

Using the Behavior Rating Scale for Severely Retarded Children, 17 trained teachers evaluated the functioning of 59 matched mongoloid and brain-injured trainable retarded children attending community day-school classes. Self-help, social, motor, academic, and vocational skills were assessed. No differences were found in ratings of the two groups; if unique differences do in fact exist on a clinical group basis, they appeared to have had no effect on teacher observations of the everyday functioning of trainable retardates in their classes. Skills of children in both groups appeared to be related more to mental capacity and chronological age than to clinical classification. Further research is required before concluding that these two major clinical groups should or should not be trained in the same community classroom.

MENTAL DEFECTIVES—SPECIAL EDUCATION

See 497; 543; 545.

MENTAL DEFECTIVES—SPEECH CORRECTION

523. Diedrich, William M. *(Hearing and Speech Dept., Univ. of Kansas Med. Center, Kansas City 3, Kan.)*

Language and mentation of two phenylketonuric children, by William M. Diedrich and Charles M. Poser. *J. Speech and Hear. Disorders.* May, 1960. 25:2:124-134.

A report of two brothers, originally thought to have congenital aphasia but later found to have phenylketonuria. In spite of their being respectively nearly four and three years old, they were put on a phenylalanine-low diet, continued for three years. Marked improvement in language and functional mentation was observed although improvement in speech did not appear until six months after the diet was initiated. Beginning of improvement probably coincided with the return of the serum phenylalanine to normal levels. Detailed case histories are included.

MENTAL DISEASE

524. Bellak, Leopold *(City Hospital, Elmhurst, N.Y.)*

The rehabilitation of psychotics in the community, by Leopold Bellak and Bertram J. Black. *Am. J. Orthopsychiatry.* Apr., 1960. 30:2:346-355.

Specific problems encountered in working with post-psychotic patients at Altro Health and Rehabilitation Services, New York City, during the past five years are discussed. Altro Work Shops provide work experience in a sheltered workshop setting, with the necessary medical and sociopsychological controls in the interest of the patient. In the case of psychiatric patients, rehabilitation is arranged as early as possible in the patient's stay in the hospital. Rehabilitation technics with a caseload consisting almost entirely of schizophrenics are described. Termination presents special problems, often requiring rehospitalization for the working through of problems of rehabilitation.

525. Child Study Association of America *(9 E. 89th St., New York 28, N.Y.)*

When a parent is mentally ill; what to say to your child, by Helene S. Arnstein. New York, The Assn., c1960. 47 p. 50¢.

A popular style pamphlet that should prove helpful to the parent caring for children at home while the other parent is hospitalized for mental illness. Specific illustrations and practical suggestions are given on what to do and what to say to children of all ages, preschool through adolescence, who are exposed to the tensions, fears, and shame often associated with mental illness. The pamphlet has a number of uses in situations that require counseling with members of the patient's family.

See also 542.

MENTAL DISEASE—PROGRAMS

526. Johnesse, Adaline *(Off. of Voc. Rehabilitation, Washington 25, D.C.)*

Rehabilitating the mentally ill: I. Growth of state-federal program. *Rehab. Record.* Mar.-Apr., 1960. 1:2: 8-13.

With passage of the Barden-LaFollette Act in 1943 vocational rehabilitation services were extended to the mentally ill. Miss Johnesse reviews state and federal activity since that time and discusses needs still unmet. A state-by-state listing of projects largely supported by the Office of Vocational Rehabilitation and conducted by state vocational rehabilitation agencies since 1955 is included.

Other articles in this issue of *Rehabilitation Record* that pertain to rehabilitation of the mentally ill are: The role of a private mental health center, Robert W. Hyde (and others), p. 13-17.—Arkansas center for the mentally ill, W. R. Ooley, p. 18-23.—Integrated services benefit Nebraska's psychiatric clients, Irving J. Schaefer and Fred A. Novak, p. 23-25.

527. Ozog, J. J. *(Div. of Hospital and Medical Facilities, U.S. Public Health Service, Washington 25, D.C.)*

Planning mental health facilities; report of ad hoc committee (appointed by Dr. Burney, U.S. Public Health Service). *Public Health Rep.* May, 1960. 75:5:420-422.

The report presented by an ad hoc committee, appointed by the U.S. Surgeon General to investigate the need for more adequate facilities for the mentally ill, included principles proposed for use in developing statewide plans. New treatment methods make it imperative to examine long-range plans for facilities. Meeting the needs for additional beds is not the solution to the complex problem of care and treatment for the mentally ill. The report was given at a Washington conference of both state Hill-Burton authorities and state mental health authorities, called by the Surgeon General in January, 1960.

MUSCLES—TESTS

See 515; 532.

NEUROLOGY

528. Narabayashi, H. *(Dept. of Neuropsychiatry, Juntendo Med. School, Tokyo, Japan)*

Procaine-oil-wax pallidotomy for double athetosis and spastic states in infantile cerebral palsy; report of 80 cases, by H. Narabayashi (and others). *Neurology.* Jan., 1960. 10:1:61-69.

The authors' experience with stereotaxic pallidotomy for athetosis (unilateral and bilateral) is reported. Electromyographic analysis was made before and after operation; notable clinical improvement was obtained in 62.5 percent, and slight in 27.5 percent, of the patients. Pallidotomy appeared to be more effective for athetotic patients without spastic signs than for those with marked spastic signs. Improvement in everyday activity and voluntary movement occurred in varying degrees. 35 references.

See also 497.

NURSING

See 487.

NUTRITION

See 523.

OSTEOPATHY

529. Rasch, Philip J. *(College of Osteopathic Physicians and Surgeons, Los Angeles, Calif.)*

The historical development of physical medicine. *J. Am. Osteopathic Assn.* Apr., 1960. 59:615-621.

Traces the history and modalities of physical medicine from the time of the Egyptians (about 3000 B.C.) to the present day. Massage, medical gymnastics, hydrotherapy, and passive exercises were used in earlier times; modern modalities include, in addition, progressive resistance exercises, manipulation, and electrotherapy. The word "rehabilitation" in its present sense was probably first used in a Spanish text published in 1865. Trends in present-day practice of physical medicine are discussed briefly.

Other papers presented as part of the symposium on "The Historical Evolution of Osteopathic Medicine," held at the annual convention of the American Osteopathic Association in 1959, were: Medical synthesis on the American frontier, Charles D. Ogilvie, p. 609-615.—Greco-Roman healing systems, Ward E. Perrin, p. 621-623.—Holism; its historic background and application in osteopathic medicine, W. V. Cole, p. 623-626.

PARAPLEGIA—MEDICAL TREATMENT

530. Chase, Robert A. *(Yale Univ. School of Medicine, 333 Cedar St., New Haven, Conn.)*

Bilateral amputation in rehabilitation of paraplegics. *Plastic and Reconstructive Surg.* Nov., 1959. 24:5:445-455.

Many paraplegics do not accept their disability and lack aggressive desire for rehabilitation. Repeated evaluation in an effort to overcome every possible physical handicap may tip the psychologic balance toward acceptance of rehabilitation. Psychologic factors must be recognized by the surgeon contemplating bilateral high thigh amputation in the paraplegic. Advantages and disadvantages are considered; the use of prostheses for the psychologic effect is sometimes recommended. Although not advised for all paraplegics, bilateral amputation in selected patients may result in overwhelming gains for the patient.

PHYSICAL EFFICIENCY

531. Malpass, Leslie F. *(Southern Illinois University, Carbondale, Ill.)*

Motor proficiency in institutionalized and non-institutionalized retarded children and normal children. *Am. J. Mental Deficiency.* May, 1960. 64:6:1012-1015.

Comparable groups of 52 institutionalized and 56 non-institutionalized children were tested with the Lincoln revision of the Oseretsky Motor Development Scale; 71 children with normal intelligence were used as a control group. Motor proficiency scores did not differentiate the two groups of retarded children from each other but highly significant differences were found when retardates

were compared with normals. Motor proficiency appears to be more highly related to intellectual ability in retarded children than in normal children, at least for the age range sampled in this study. No known reasons for this discrepancy are suggested. Relationships between these variables might be more similar if retardates and normals of the same mental age, rather than chronological age, were compared.

PHYSICAL MEDICINE

532. New York University-Bellevue Medical Center. Institute of Physical Medicine and Rehabilitation

The Horowitz Lectures, 1958 and 1959, by Svend M. Clemmesen and Karl Harpuder. New York, The Institute, 1960. 61 p. figs. *(Rehab. monograph XVII)*

Dr. Clemmesen's lecture in 1958, titled "Survey of scientific basic disciplines and open scientific questions within physical medicine," covered problems of basic education, laboratory facilities, and technical apparatus that require research. He outlines what he considers the ideal medical rehabilitation facility, its staff requirements, and the education needed by persons working in the field in the future. A second article, "Spasm, spasticity, and rigidity," is included; it was delivered at the New York Academy of Medicine in 1958 while the author was Louis G. Horowitz Visiting Professor.

Subject of Dr. Harpuder's lecture in 1959 was "Exercise; a chapter of applied physiology of rehabilitation." Discussed were the physiology of co-ordinated willed motion and of muscle contraction, the physiologic effects of action of large muscle masses upon circulation, respiration, and metabolism, and the modifying influences of training, fitness, age, and environment upon homeostasis during exercise.

Available from the Institute of Physical Medicine and Rehabilitation, 400 E. 34th St., New York 16, N.Y., at $1.00 a copy.

PHYSICAL THERAPY—LEGISLATION

533. Nelson, Janet B. *(Univ. of Florida, Gainesville, Fla.)*

State examinations for physical therapists. *Phys. Therapy Rev.* Apr., 1960. 40:4:270-280.

Laws providing for licensure or registration of physical therapists have been enacted in 31 states; this is a study of the current examination practices followed in 29 of the states having such laws. Data from a questionnaire survey are analyzed; findings should be of interest to those states initiating legislation, as well as to those having active legislation governing examination and licensure or registration.

The paper is an abstract of a master's thesis, Stanford University, 1959; a copy of the original is available on loan from the American Physical Therapy Association, 1790 Broadway, New York 19, N.Y.

PHYSICAL THERAPY—RESEARCH

534. Harmony, Wilma-Nell *(V.A. Hospital, Livermore, Calif.)*

Report of the 1959 research survey, by Wilma-Nell Harmony and Marian Williams. *Phys. Therapy Rev.* Apr., 1960. 40:4:281-289.

A final summary report of a questionnaire survey of research activities in which members of the American Physical Therapy Association have participated. Analysis of the data was attempted by grouping replies into four main areas of research—basic science studies, clinical investigations, administrative studies, and educational studies. Space did not permit mentioning all projects reported; emphasis is on those studies already published at the time of the survey and on academic work.

For a more detailed report of Mrs. Harmony's master's thesis, *Research Activities of Physical Therapists* (Stanford Univ., 1960), is available on interlibrary loan.

RECREATION

See 475.

REHABILITATION

535. Arizona. University. Rehabilitation Program

Selected papers from the 1959 Arizona Rehabilitation Institute, sponsored by the. . . . David Wayne Smith, editor. Tucson, The University, 1960. 40 p. figs.

Efforts of the second Institute, held in Tucson in the fall of 1959 with the co-operation of state agencies of vocational rehabilitation, health, public welfare, services for the blind, employment service, and public instruction, were directed toward helping a group of small communities determine current needs in rehabilitation. Ways of utilizing local resources and existing facilities in meeting these needs were considered.

Contents: Purpose of the Arizona Rehabilitation Institute program, David Wayne Smith.—Current concepts of rehabilitation, Philip Schafer.—The role of federal agencies in effecting better community services, James F. Garrett.—A state health department looks at rehabilitation, Clarence G. Salsbury.—The community; rehabilitation responsibilities and resources, Victor I. Howery. —A hospital program in rehabilitation, Martin Nacman. —An experimental university program in rehabilitation, David Wayne Smith.

536. McBride, Earl D. *(605 N.W. 10th St., Oklahoma City, Okla.)*

Trauma, rehabilitation, and permanent disability. *Indust. Med. and Surg.* May, 1960. 29:5:196-199.

Rehabilitation and return of industrially injured persons to work as soon as possible requires the co-operation of employer and surgeon. Important measures for the emergency treatment of acute trauma are discussed; required are rapid transportation, safe anesthesia, quickly available intravenous solutions, control of hemorrhage and shock, blood vessel bank, bone bank, and improved internal fixation. The industrial surgeon has opportunity to prepare the injured person's mind for favorable or unfavorable prognosis for recovery and for future work potential.

See also 477; 478.

REHABILITATION—GREAT BRITAIN—BIBLIOGRAPHY

537. Axford, (Mrs.) W. A., comp. *(Chaucer House, Malet Place, London, W.C. 1, England)*

Handicapped children in Britain; their problems and education; books and articles published in Great Britain

from the 1944 Education Act to 1958. London, The Library Assn., 1959. 53 p. *(Special subject list no. 30)*

Scope of the bibliography is limited to books and periodical articles of general interest, excluding those of a purely medical nature. All types of physical and mental handicaps are covered; psychological and social handicaps are omitted. Under the main heading of specific handicaps, material is subdivided to indicate bibliographies, directories, and information dealing with institutions, parent guidance, special education (methods and teachers), vocational guidance and training, and welfare. Available from The Library Association at 4s (72¢).

REHABILITATION—PROGRAMS

538. Group Health Association of America *(343 S. Dearborn St., Chicago 4, Ill.)*

Rehabilitation and labor health services; guidelines for action . . . a report on the National Institute on Rehabilitation and Labor Health Services, sponsored jointly by the . . . and National Rehabilitation Association. . . . Washington, D.C., Natl. Rehabilitation Assn., 1960. 77 p.

A report of an institute, supported by a grant from the U.S. Office of Vocational Rehabilitation, that brought together more than 200 representatives of organized labor and of consumer sponsored health programs and leaders of the rehabilitation movement. Potentials of rehabilitation facilities and services, both public and private, for meeting the needs of labor union members and their families were considered, as well as the basic approaches made to social welfare issues by both labor and rehabilitation groups. Recommendations for action to implement their common objective of rehabilitation for the handicapped were drawn up as possible guides to national and local efforts. Failure of the workmen's compensation system to insure prompt and effective medical care and rehabilitation services to injured workers were examined; co-operative efforts to improve rehabilitation programs under the system were urged.

Available from the Group Health Association of America or from the National Rehabilitation Association, 1025 Vermont Ave., N.W., Washington 5, D.C.

539. Pohlmann, Kenneth E. *(907 15th St., N.W., Washington 5, D.C.)*

Rehabilitation and labor health services. *J. Rehab.* Mar.-Apr., 1960. 26:2:8-10.

As a participant in the National Institute on Rehabilitation and Labor Health Services, held in Atlantic City in late 1959, Mr. Pohlmann, Rehabilitation Consultant of the United Mine Workers Welfare and Retirement Fund, summarizes the planning of the agenda and the content of the discussions at the Institute. For the full report of the meeting, see #538, this issue of *Rehab. Lit.*

540. Trevethan, Percy J. *(1229 20th St., N.W., Washington, D.C.)*

Rehabilitation on the international scene; report of a seminar on international rehabilitation held in Washington, D.C., January 28-29, 1960. *J. Rehab.* Mar.-Apr., 1960. 26:2:22-23, 30-31.

An interpretative report of the first National Seminar on International Rehabilitation, attended by representatives of 37 organizations interested in international programs for rehabilitation of the physically handicapped. (See news item, *Rehab. Lit.,* Apr., 1960, p. 140.) The three basic problems considered were: 1) the need for rapid expansion of rehabilitation programs everywhere; 2) programs and services currently available on the international level and their value; and 3) how voluntary organizations interested in extending their services to other lands can make projected services more effective.

See also 479.

REHABILITATION—SURVEYS—NEW YORK

541. Siffert, Robert S. *(910 Park Ave., New York 21, N.Y.)*

Orthopedic outpatient services in New York City; results of a survey, 1957, by Robert S. Siffert, Margaret A. Losty, and Sylvia B. Snyder. *Am. J. Public Health.* May, 1960. 50:5:675-681.

A report by the New York City Health Department of the services available to ambulatory orthopedically handicapped children in the orthopedic clinics of the 20 hospitals participating in its Crippled Children's Program. Members of the survey team represented the fields of orthopedics, nursing, social service, and administration. Recommendations for raising standards of care are made. A basic set of standards or "guide" for orthopedic outpatient services has been devised by the Bureau for Handicapped Children with the collaboration of the Orthopedic Advisory Committee; the same technic was used successfully to improve inpatient care in New York City.

RELIGION

542. Albright, John V. *(Arkansas State Hospital, Little Rock, Ark.)*

Religion in a psychiatric setting. *Mental Hygiene.* Apr., 1960. 44:2:162-168.

The chaplain at the Arkansas State Hospital, Little Rock, discusses the role of religion in a psychiatric community. Development of clinical training to prepare for work with the mentally ill is traced briefly. Responsibilities of the chaplain involve ministerial duties, therapeutic counseling, and co-operation with other members of the staff. Through awareness of the work of other disciplines, he is able to make referrals to the proper person when necessary.

543. Parshall, Howard W. *(State Colony and Training School, Pineville, La.)*

A Bible knowledge test for institutionalized mental defectives. *Am. J. Mental Deficiency.* May, 1960. 64: 6:960-962.

A 25-item test for use in estimating the Bible knowledge possessed by educable mental defectives is described. Administered orally, the test has high reliability and high "face validity." Institutional chaplains and religious workers should find it helpful in developing a training program for institutionalized mental defectives.

SCOLIOSIS

544. Cook, C. D. *(300 Longwood Ave., Boston 15, Mass.)*

Pulmonary physiology in children; III. Lung volumes,

mechanics of respiration and respiratory muscle strength in scoliosis, by C. D. Cook (and others). *Pediatrics.* May, 1960. 25:5 (Part I): 766-774.

Because of the scarcity of studies on pulmonary physiology in children with scoliosis, the authors measured lung volumes, compliance and resistance, and effective respiratory muscle strength in 45 patients with idiopathic scoliosis or scoliosis secondary to poliomyelitis or to abnormalities of the vertebral column. Moderate reductions in vital capacity were observed in those with idiopathic scoliosis; more marked decreases were found in patients with poliomyelitis and associated paralysis. Findings on residual volume, compliance, flow-resistance, and respiratory and inspiratory muscle strength are discussed. The frequently serious pulmonary dysfunction accompanying scoliosis secondary to vertebral abnormalities is emphasized.

SHELTERED WORKSHOPS

545. Wallin, J. E. Wallace *(311 Highland Ave., Lyndalia, Wilmington 4, Del.)*

Sheltered workshops for older adolescent and adult mental retardates. *Training School Bul.* Feb. & May, 1960. 56:4 & 57:1. 2 pts.

Part I of this two-part article traces briefly the historical background of sheltered workshops, lists types of workshops available, gives reasons why specific workshops for the mentally retarded are needed, and discusses eight objectives of the comprehensive workshop for the retarded. Part II offers specific suggestions for effective implementation of such a program and a suggested list of types of possible job training that might be included in such workshops. Estimates of mentally retarded persons successfully rehabilitated under the Office of Vocational Rehabilitation's program appear to indicate the worth of these efforts on behalf of the mentally retarded but more research is needed to properly evaluate the results.

SOCIAL WELFARE

See 483.

SPECIAL EDUCATION

See 475; 476; 477.

SPEECH CORRECTION—EUROPE

546. Steer, M. D. *(Speech and Hearing Clinic, Purdue University, Lafayette, Ind.)*

Some speech pathology and audiology centers in Europe, by M. D. Steer and Ruth Steer. *Asha.* May, 1960. 2:5: 131-136.

Selected speech pathology and audiology centers in Denmark, Germany, the Netherlands, Switzerland, Spain, Italy, France, England, and Scotland were visited by the authors during the summer of 1959. Information on aspects of professional programs, clinical training, physical plants, and instrumentation is discussed.

STUTTERING

547. Stewart, Joseph L.

The problem of stuttering in certain North American Indian societies. Washington, D.C., Am. Speech and Hearing Assn., 1960. 87 p. tabs. (*J. Speech and Hear. Disorders.* Apr., 1960. *Monograph suppl. no. 6*)

Interest in the existence or absence of stuttering in North American Indian societies led to this investigation of the Cowichans of Vancouver Island, a "stuttering" group, and the Ute Tribe, a "nonstuttering" group. Variables in child training, such as nursing and feeding, toilet training, sexual socialization, dependence, aggression, and speech and language development, were studied for their possible relationship to the presence or absence of stuttering. The hypothesis that cultural factors may exist which, through interaction with a combination of variables, tend to foster the development of the problem of stuttering seems tenable, the author believes, in view of the findings. The data suggest that stuttering or its absence is associated with relatively less or more permissive and warm child-rearing practices and with similar degrees of competition, particularly with respect to ceremonial speaking among families and individuals, especially young children.

The author credits Dr. Wendell Johnson with formulating the original ideas leading to the investigation; the Office of Vocational Rehabilitation provided grants in support of the investigation and publication of the findings. The author, currently at the University of Denver, completed the doctoral dissertation upon which the monograph is based while at the University of Iowa.

VOCATIONAL GUIDANCE

548. Acker, Martin *(Dept. of Preventive Med., Stanford Univ., 2330 Clay St., San Francisco 15, Calif.)*

Development of the prevocational unit; Stanford Rehabilitation Service, by Martin Acker and David A. Thompson. *Arch. Phys. Med. and Rehab.* May, 1960. 41:5:195-198.

As planned, the prevocational unit of the Stanford Rehabilitation Service will serve as a laboratory for the evaluation of vocational potential, will provide still another diagnostic tool where vocational potentials cannot be adequately assessed from counseling interviews and standardized tests, and will provide depth testing through data derived from work sampling. The unit will also provide inservice training for students in the rehabilitation field. Special skills of the Departments of Psychology, Special Education, and Industrial Relations will be utilized in determining learning ability and emotional tolerance of patients being served.

549. Hamilton, Kenneth W. *(School of Social Admin., Ohio State Univ., Columbus, Ohio)*

The growing community role of the rehabilitation counselor. *J. Rehab.* Mar.-Apr., 1960. 26:2:4-7, 13.

In this paper prepared for the Rehabilitation Counseling Division of the National Rehabilitation Association and presented at its first professional meeting in Boston in 1959, Mr. Hamilton traces the origin and growth of rehabilitation counseling, points out the elements common to all types of counseling, and considers the problem of professional identification of the counselor in the rehabilitation field. Issues facing the practicing group of rehabilitation counselors and the decisions necessary for future professional growth and identity are discussed.

WORKMEN'S COMPENSATION

See 478; 484.

Two States Make Surveys Of Handicapped Children

IN ALASKA the Inter-Agency Committee on Special Education (Department of Health and Department of Education) is concerned with establishing a program of special service for exceptional children and is now surveying their educational problems, including existing facilities for physical and mental evaluation and for medical, vocational, and educational follow-up. In an attempt to locate the children and ascertain type of handicap and degree of service needed, over 2,500 cases have been reported on, ranging from minor to severe conditions or multiple handicaps. Those between the ages of 5 and 18 who can be educated will benefit from a program to be established providing for special classes in regular schools with foster care made available when needed. Present resources meet the needs of less than 5 percent.

In North Carolina the state Department of Public Instruction and the Medical Advisory Board are surveying all children in the state under 21 years of age who have physical or mental handicaps. Roy Sizemore of the Board is conducting the study.

Chicago Welfare Council to Study Rehabilitation Service Inadequacies

THE WELFARE COUNCIL of Metropolitan Chicago is implementing an action-research project on co-ordinating community services for rehabilitation of the severely disabled and on developing services according to need. Direct service will be given a limited number of the disabled, with the project attempting to obtain all needed services, make necessary referral, and follow each case step by step. In the Chicago area specialized services and professional disciplines are not adequately integrated and do not provide sufficient coverage. Two ingredients of sound rehabilitation are often absent: 1) complete diagnostic evaluation and plan by a rehabilitation team; 2) competent counseling and follow-up to help the individual understand and accept the plan, to aid him with social and emotional problems, and to guide him until completion of the plan. The project will discover what can be done to help those now considered "infeasible" for employment or restoration to more independent living. Each year the project will place special emphasis on one or two disabilities, while serving all classifications.

In research the project will consider questions such as: What problems are common to various disability groups? Which can be overcome through fuller use of resources? Why do some people fail to reach their rehabilitation potential and what steps can be taken to improve and expand services to help prevent such failures?

The steering committee for the project is made up of representatives from major health and guidance agencies in the area. Richard H. Eckhouse is chairman. Funds were supplied through an Office of Vocational Rehabilitation grant and contributions from co-operating agencies.

White House Conference On Children and Youth Publishes Recommendations

THE RECOMMENDATIONS of the 1960 White House Conference on Children and Youth are set forth in an 85-page booklet, *Recommendations; Composite Report of Forum Findings*. Forums and recommendations were concerned with education; employment; human rights; migrants; welfare services; ideals, values, religion; health services; recreation; the family; handicapped children; juvenile delinquency; community planning; co-ordination (of planning, fund-raising, etc., between various governmental and private groups); youth participation in planning; status of the Children's Bureau; and follow-up in implementing recommendations.

The recommendations of the forums concerned with handicapped children emphasized the objective of bringing each handicapped child up to his full potential of productivity and of including him as far as possible in normal schools and community life. To achieve this, they recommended: broadened federal and state legislation and support; increased local appropriations, both public and voluntary, in order to make services for handicapped children equally available in all areas; interstate and intrastate planning and regional services where states or communities cannot afford them alone. The recommendations stressed the need for more trained personnel and more funds to make possible early identification and diagnosis of handicaps and more research looking toward prevention. They called for state and federal aid for the education and training of mentally handicapped children.

Mrs. Katherine D. Pringle edited the booklet, which may be purchased for 35¢ from the Superintendent of Documents, Government Printing Office, Washington 25, D.C.

Swiss Rehabilitation Team Aids in Moroccan Disaster

TO AID 8,000 Moroccan men, women, and children whose hands and legs remained paralyzed after consumption of olive oil adulterated with aircraft fluid, a Swiss medical team has set up a pilot project in Khemisset, according to a story in the May 4 issue of *Scope* (published for the Upjohn Company, Kalamazoo, Mich., by Physicians News Service, Inc.). The team, brought to Morocco by the International Red Cross and World Health Organization at the request of the Moroccan government, established a medical center as a model for others. The Swiss program is based on medical experience gained in a similar disaster in the Swiss army. Medical personnel from 14 countries, many volunteers, are also working in hospitals and first-aid stations in larger towns.

During a Moslem festival last September merchants mixed surplus U.S. Air Force jet oil with cooking olive oil and sold it to food markets, resulting in 9,433 cases of neural paralysis. There is no known cure. Ingestion of large quantities of the adulterated oil caused an acute gastrointestinal disturbance within 48 hours, with diarrhea, nausea, vomiting, and colic pains. A latent period of three or four weeks ended in flaccid palsy caused by a usually reversible lesion. Six months after initial ingestion, muscular regeneration began, but muscle shortening and stiffness continued. Most persons were affected only in the legs, but with high consumption the small muscles of the hands were involved. Sometimes there is pain in the hips, thighs, and knee muscles; the long muscles of the forearms may be weakened. Neurocirculatory symptoms are frequent.

Dr. Wilhelm M. Zinn, chief of the medical division of the Center of Physical Medicine, Rehabilitation, and Rheumatology at Bad Ragaz, Switzerland, is head of the Khemisset center, the only medical unit there using occupational therapy. His Swiss assistants are a nurse, three physical therapists, and an occupational therapist. The chief objective of the Khemisset center is to enable the victim to work, so as not to become a public charge. Many have been forced to sell all belongings to get food. Among these patients loss of weight has been considerable and edema has occurred, perhaps of nutritional origin. It is believed that the majority of the 80 percent still needing medical attention will have muscular function restored with the Swiss program. Some will remain permanently crippled.

National Congress Formed By Physically Handicapped

A NATIONAL Congress of Organizations of the Physically Handicapped was formed May 14 by representatives from 12 groups. The organizational meeting was held in Indianapolis under the auspices of the Indoor Sports Club. Some 100 groups of handicapped persons were invited to send representatives to the meeting. A constitution and by-laws were drawn up and are awaiting ratification by the clubs that have endorsed the Congress. An executive board meeting will be held in Indianapolis in October to elect officers and to activate committees. Interim officers are Elmer Josephs, chairman, of Minneapolis, Martha Wise, secretary, 2047 Boyd Ave., Indianapolis, and Robert Woodard, Oklahoma City.

First Cerebral Palsy Center For Non-European Children Established in South Africa

THE MARCH, 1960, issue of *S.A. Cerebral Palsy Journal* (published quarterly by the cerebral palsy division of the National Council for the Care of Cripples in South Africa) contains an article "Pioneer Work for Bantu Cerebral Palsied," by Jane Hugo, telling of the first center established in the Union for non-European cerebral palsy patients. Managed by the Mission Sisters of the Order of the Precious Blood and sponsored by the East London and Border Cripple Care Society, the center, located in the Transkei three miles from Umtata, had 13 children living in it at the end of 1959. This small beginning may later serve as a guide for other areas.

A new concept of training and treatment had to be devised and followed here. Needed are both the knowledge of experts in cerebral palsy and the guidance of those who know and understand the tribal native and his way of life. A handicapped person should find a useful place in this fairly simple rural existence—one of growing crops, tending land, and building houses.

The rural native is hidebound by tribal customs and superstitions. A crippled child, one visited by the "spirits," is frequently abandoned or left to starve. A mother will go from place to place to hide her child from the "spirits," often changing his name.

A child may arrive at the center with lice, ringworm, running sores, and possibly tubercular hip-joints, and of course he is a half-starved spastic quadriplegic. The non-European sisters at Glen Avent have cleaned and renovated an old farm house. Results produced are astounding, for there is no trained therapeutic staff. For those who wonder if programs are not overloaded with therapies, Glen Avent records will furnish a valuable comparison.

Special tables and chairs are necessary at the center, for many children have never used them. Continual sitting on the ground in all types of postures has caused serious deformities, particularly in the feet. European toys are unknown to the children. They are encouraged to develop activities common to tribal life in addition to using the customary sense training apparatus. Clay is used for pots and toys, in painting and tribal designs. Paints are made from soil and plants. Grass is used in weaving. Flowers and vegetables are grown. Speech therapy consists of general speech stimulation from social activities and songs and games in the Khosa language.

The sisters, including trained nurses, have learned much from visiting workers and current literature. Their program is purposeful and active.

The East London and Border Society for the Care of Cripples, despite the fact that handicapped native children often die in infancy or are hidden, have over 100 cases on file. Glen Avent as a pilot program is immensely valuable. It is hoped the future will see a large center established in the Transkei.

U.S. Health Institutes Report Research Highlights

A SELECTION from research studies carried on by National Institute of Mental Health scientists and grantees during the calendar year 1959 is included in *Highlights of Progress in Mental Health Research, 1959 (Public Health Serv. publ. 736)*. The selections reflect significant program developments of 1959. The 51-page booklet, published in January, 1960, is available from the Superintendent of Documents, U.S. Government Printing Office, Washington 25, D.C., for 25¢.

Highlights of Progress in Research on Neurological and Sensory Disorders, 1959 (U.S. Superintendent of Documents, 25c) reports program developments and research studies conducted and supported by the National Institute of Neurological Diseases and Blindness.

Conference of Rehabilitation Centers Begins Standards Study

WILLIAM A. McLEES, Ph.D., has accepted the position of principal investigator of the study "Development of Standards for Rehabilitation Centers and Facilities" being made by the Conference of Rehabilitation Centers and Facilities, Inc. (828 Davis St., Evanston, Ill.). The study is supported by a research grant from the U.S. Office of Vocational Rehabilitation. Dr. McLees is assistant professor in the program in hospital administration, State University of Iowa, and co-ordinator of the Medical-Hospital Administration Conference in the College of Medicine. He was graduated from Drake University and obtained his master's and doctoral degrees at the State University of Iowa. The Conference now has 108 institutional members and 37 associate members.

Johnstown Vocational Center Reports First Year's Services

THE PENNSYLVANIA Bureau of Vocational Rehabilitation states that 301 physically disabled residents were served by its Rehabilitation Center in Johnstown during the initial year of operation. The Center, which first accepted clients on April 27, 1959, during the period provided 121,385 hours of vocational training, 10,580 hours of vocational evaluation, 22,703 treatment units of physical, occupational, speech, and hearing therapy, and 3,338 medical examinations and treatments.

Various disabilities served at the Center during the period were listed as:

Spinal Cord Involvement	60
Paraplegia	50
Quadriplegia	10
Miscellaneous Orthopedic Disabilities	54
Postpoliomyelitic Conditions	34
Paraplegia	15
Quadriplegia	3
Residuals (misc.)	17
Cerebral Palsy	25
Cerebrovascular Accident (hemiplegia)	21
Cardiac	21
Amputations	19
Upper	8
Lower	11
Epilepsy	12
Impaired Hearing	11
Arthritis	8
Hemological (Misc.)	8
Impaired Vision	7
Pulmonary	6
Other	13
Total	301

Ages of clients served ranged from 16 to 62 years, with a median of 25. The 20-24 age group included the largest number of persons admitted, 74, with the 16-19 age group next with 68. During the year, 113 were discharged: 57 because of completion of service, 27 self-discharged, 17 for non-feasibility, 9 for various reasons including discipline, and 3 because required service was not available.

"Pamphlets" on Epilepsy Published in Special Issue

A SPECIAL issue of *Horizon* dated May, 1960, (National Epilepsy League, 208 N. Wells St., Chicago, Ill.) contains a series of especially prepared "pamphlets" written and reviewed by authorities in the fields of epilepsy, special education, and community resources. The disease and its origin, advice for parents, and educational and employment problems are some of the topics covered. A history of the League's fight against the disease is also included. The issue describes an important new service for members—the League's nonprofit pharmacy program will furnish medicines prescribed for an epileptic by a doctor for at least 25 percent below regular prices. Medicines furnished and the procedure to obtain this service are set forth.

Author Index

Rehabilitation Literature is intended for use by professional personnel and students in all disciplines concerned with rehabilitation of the handicapped. It is dedicated to the advancement of knowledge and skills and to the encouragement of co-operative efforts by professional members of the rehabilitation team. Goals are to promote communication among workers and to alert each to the literature on development and progress both in his own area of responsibility and in related areas.

Rehabilitation Literature is in no sense the house organ of the National Society for Crippled Children and Adults. Contributors of feature articles and book reviews are people of standing in their own fields and give free expression to their own ideas and opinions.

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